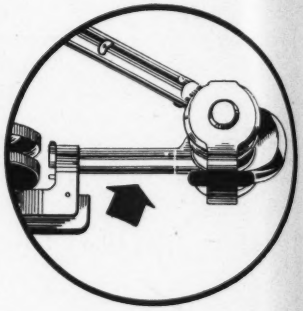
ORAL HYGIENE

Resistant to Wear



Sani-Terry HANDPIECES

A bushing of hardened steel protects the Sani-Terry Handpiece between the spindle pulley and the wrist-joint pulleys, preventing wear at this point from the constant friction of the engine belt.

Sani-Terry Handpieces are smooth in operation, true-running, free from unnecessary vibration. They retain these qualities for a long time because of their unusual resistance to wear at every point where wear is first to occur in a handpiece.

TRADE CLEV-DENT MARK

THE Cleveland DENTAL MANUFACTURING COMPANY

CLEVELAND, OHIO • U. S. A.

ZONAS DENTAL APRON

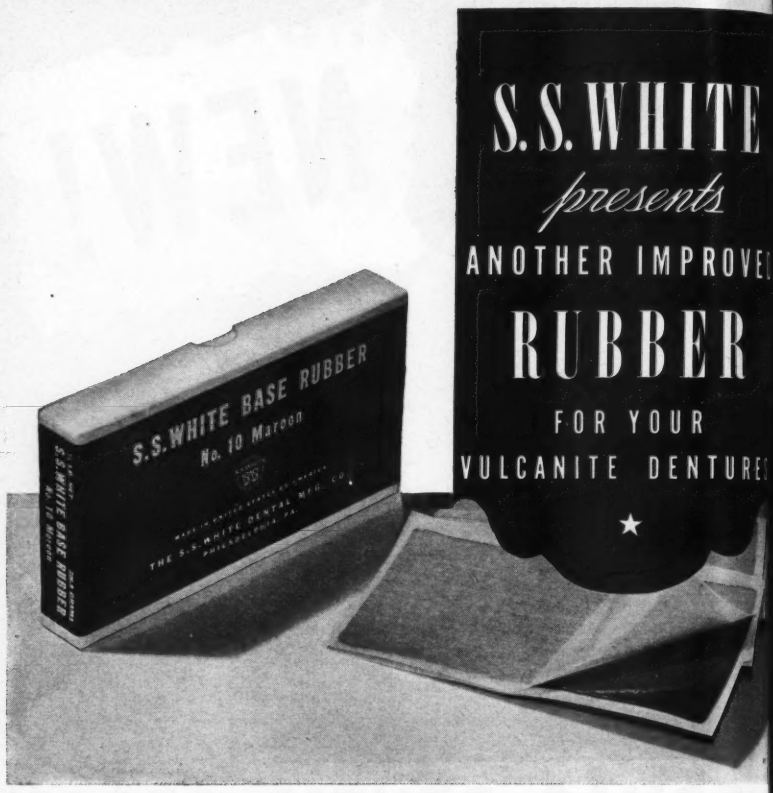
• Protects the patient during prophylaxis, extraction, etc. Made of silk processed with a resinous cellulose substance. Odorless, waterproof, unaffected by climatic conditions. Contains no rubber. Can be washed with soap and water without shrinkage or ill effect to the finish. Can be ironed under a damp cloth. One size, 36" wide, 49" long, with adjustable snap neckband. Price: One apron, $2.45. Three aprons for $6.75.

ORDER FROM YOUR DEALER

Johnson & Johnson

NEW BRUNSWICK, N. J. CHICAGO, ILL.

DENTAL DIVISION



FOR BEAUTIFUL LIGHT PINK COLOR
without solarization

S. S. WHITE
No. 2
NATURAL LIGHT PINK

A veneer with the light pink color of normal gum tissue

S. S. WHITE
No. 9
PINK DENTURE LIGH

A beautiful pink rubber for the ENTIRE DENTURE

While a short exposure will enhance the beauty of their colors, solarization is not imperative. They possess gum-like pinks that are thoroughly gratifying to the most discriminating dentist and patient.

The Publisher's CORNER

BY MASS **NUMBER 213**

OFTEN I HAVE wondered how many readers of the CORNER were amateur printers in their youth—how many members of the profession owned little printing presses back in the days when this was a popular hobby. My own first press came from the *Youth's Companion* as a premium for selling a subscription to young Bill Popp, who is, I think, now city engineer out in San Jose, California. I can remember camping at the front gate for days waiting for the mailman, until finally the package came from Boston. The press was a lot smaller than it had looked in the picture, just big enough for five or six short lines of type about the size of this in which the CORNER is set. The type, a handroller for inking, a little can of ink, some cards, and some bronze powder made up the outfit.

Even in those days I had some notion of going into the publishing business, so I didn't lose much time in setting up a little 4-page paper; each page was about four times the size of a postage stamp. My plant was only large enough to set up and print one page at a time; after one page had been set up and printed, the type had to be distributed so as to get enough for setting the next page. This slowed up my publishing business so much that I didn't seem to be getting anywhere and accordingly turned to job printing—mostly calling cards for the youths of the neighborhood who needed calling cards about as much as they needed diamond tiaras.

Naturally, my heart yearned for a bigger press. I sent for the catalog of the Kelsey Co., in Meriden, Connecticut, and for long months studied it until I knew every nook and corner of every page. Their cheapest outfit cost five dollars which was more money than I had ever seen all at one time in my life; so Kelsey didn't get the order. One day old Mrs. Schutte, a kindly German who lived next door, told

BETTER WORK...FASTER WORK WITH "Tru-Vision"

● The Castle "Tru-Vision" light has made seeing in dentistry much easier than ever before. Proper oral illumination (possible with a Castle "Tru-Vision") reduces the incidence of eye strain and permits faster, more accurate work. The "Tru-Vision" when properly adjusted to the patient (40 inches away), completely illuminates the oral cavity, yet allows the patient ample head movement without leaving the light beam. Constant readjustment is not necessary with a "Tru-Vision". The "Tru-Vision" light is cool and color-corrected for tissue diagnosis and color matching.

FREE

Write for new book "VISION IN DENTISTRY".

● The Castle "Tru-Vision" light can be installed on any standard unit or on the wall as shown above. Your dealer will gladly demonstrate the "Tru-Vision" in your own office. Write for descriptive literature. Wilmot Castle Company, 1122 University Avenue, Rochester, N. Y.

CASTLE "Tru-Vision" LIGHT

MORE LIGHT IN THE MOUTH

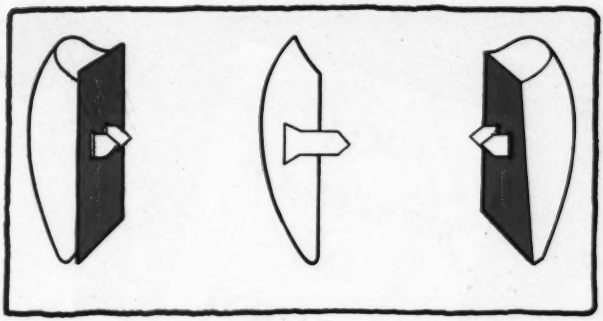
me that her grown son Fred had had a press about three times the size of mine and a lot of lovely type, and that I might look at it now and then if I didn't mind crawling over some boxes in their cellar to reach the shelf where the outfit was stored and if I'd promise not to mess with it. After that, I practically lived down in the Schutte cellar. A few months later, on Christmas morning, I found the press under our Christmas tree.

It was a little honey. It was self-inking, big enough to print a postal card, and there were three or four fonts of type, including some gorgeous big capitals interlaced with vines and flowers. In a few minutes the publishing business started up again. The floral capitals were just right for the title of *The Californian,* and there was enough small type to set the text which, as I recall, was largely pinched from that day's *San Francisco Chronicle.* But by that time the *Youth's Companion* press had got me into the job printing business, so I never did run off more than one issue of *The Californian;* I had my job printing customers to look after, and the new press made it possible to expand the business. I even engaged a salesman on commission, a lad named Loring Rhodes who thereafter made some money for himself and for me by wheedling orders for cards, and tags, and things like that from the mothers of our friends, and the grocers and cobblers and butchers of the community.

One day Loring sold 10,000 sales slips to one of the butchers. The slip was too big for the press and it was necessary to let most of the sheet hang outside. Clanking away, day after day, turning out a few dozen an hour, I began to suspect that it would be years before we ever made delivery and collected the eleven dollars. While bent low by this dilemma, quite by chance I happened to see a much bigger press in a second-hand store down town. It was fifteen dollars. Filled with the spirit of progress, and also sick and tired of nibbling away at the mountain of unprinted sales slips, I borrowed most of the money from my dad against the security of the sales slip order. Before long the bigger press was gushing slips in a steady stream, thanks to my sister Marjory who operated the big lever at the side so that I might use both hands to feed in the paper.

Some time I think I'll write about the second-hand man, L. S. A. Baker, who thereafter became a chum of mine. He was about sixty, had impressive oily gray curls, wore a cutaway coat, smoked a corncob pipe, and rode a bicycle that had a good-sized wooden box roped to the handlebars. He was pretty distinguished looking.

The press I bought from him took a sheet a little larger than an ORAL HYGIENE page, so Loring went gunning for bigger orders, and Marjory developed muscles like Bernarr Macfadden's, and I set type and fed the press and got most of the money.



EDGEWISE

YOU can save much time and trouble in making soldered bridgework by using facings which were especially designed for the job—**Flat Pin Facings.**

Flat Pin Facings start saving time and trouble the minute you start adapting the backing. No holes to fit and punch. You just press the pins through the backing and burnish the upturned flanges against the pins. Result—a backing which fits perfectly, and which is flux-and-solder-tight around the pins, protecting the facing from being checked by hot flux or solder during soldering.

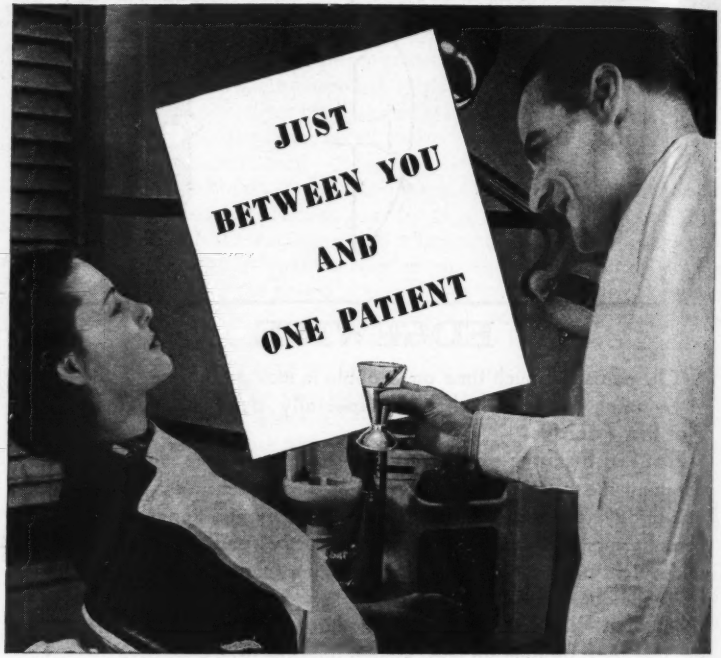
But **Flat Pin Facings** do more than simplify technic. They offer stronger pins, stronger facings, greater freedom from breakage.

Flat Pins won't bend edgewise—they meet force in line with their greater diameter! Furthermore, the facings won't loosen on the pins. The broad flat pins provide 70 per cent more contact with the porcelain, which means 70 per cent firmer attachment. And finally, since the thin, flat pins occupy less space mesio-distally in the facing, you get a greater bulk of porcelain at the pin line and a correspondingly stronger facing.

FLAT PIN FACINGS

Easier to Use—Stronger Pins—Firmer Anchorage—Stronger Facings—and they are made in Dentsply and Trubyte Moulds

THE
TRUBYTE SYSTEM
THE DENTISTS' SUPPLY COMPANY
OF NEW YORK



The paper cup on your cuspidor is a little refinement, put there for one individual patient. It has never been used before. It will never be used again.

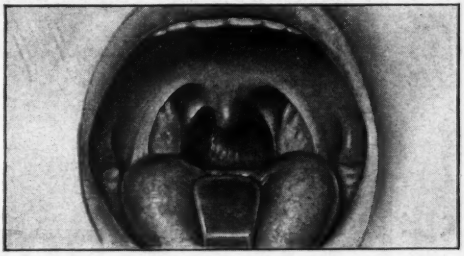
In money, it represents a very small investment. In good-will, it means much. Because this individual paper cup is one of the little things that means cleanliness, efficiency and helpfulness in the dentist's office.

There is a big difference in paper cups. The Dixie-Vortex Company has studied dentists' needs and made cups to fill these needs for many years. Ask your dental supply man to show you the new Vortex Cup. It is stronger, firmer and has a rounded tip. It has an attractive colorful design. Its cone shape makes for storage in minimum space. Some dentists prefer the smooth rolled brim of the Dixie Cup. This famous cup has a flat-bottom, rests anywhere without a holder. Dixie-Vortex Company, Chicago, Ill., and Easton, Pa.

DIXIE-VORTEX

PAPER CUPS

BARRIERS AGAINST SYSTEMIC INVASION FROM ORAL FOCI—NO. 3



TONSILS and PERITONSILLAR tissue may be considered as "sieves" to collect bacteria and halt their further progress. Bacteria often escape these natural barriers, however, and, due to weakened body resistance, may continue their invasion of the entire system.

THE WASTE-LADEN COLON MAY CONTRIBUTE TO *Lowered Resistance*

Even in mild degrees of oral infection, dentists often recommend SAL HEPATICA routinely to help prevent colonic stagnation and lowering of general resistance. The FLUID BULK provided in intestines by the action of SAL HEPATICA gently stimulates persistalsis to flush waste material from the bowel. Its mineral salts combat gastric hyperacidity; stimulation of bile flow aids digestion.

SAL HEPATICA makes a zestful, effervescent drink which resembles the action of famous mineral spring waters.

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Flushes the Intestinal Tract and Aids Nature Toward
Re-establishing a Normal Alkaline Reserve

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The finest tooth cleaning instrument ever presented to the Profession

MASSO 2-ROW

- Photograph is actual size.
- One-inch brush head.
- Two-rows—and only two-rows—of widely spaced bristle groups.
- Bristle is extra hard, natural unbleached.

This superior brush, designed and made in accordance with the most modern thinking on the subject, is *not* advertised to the laity. As an "ethical product," it is publicized only to dentists.

Hence we solicit your prescription of the Masso 2-Row tooth brush to your patients. The retail price is 35¢, and its special features are listed at the left. Please be sure to instruct patients to ask for and get the brush you recommend. Druggists sometimes supply the 3-Row Masso at 25¢, when dentists have specified the 2-Row, and vice-versa.

Pro-phy-lac-tic Brush Co.

Florence, Mass.

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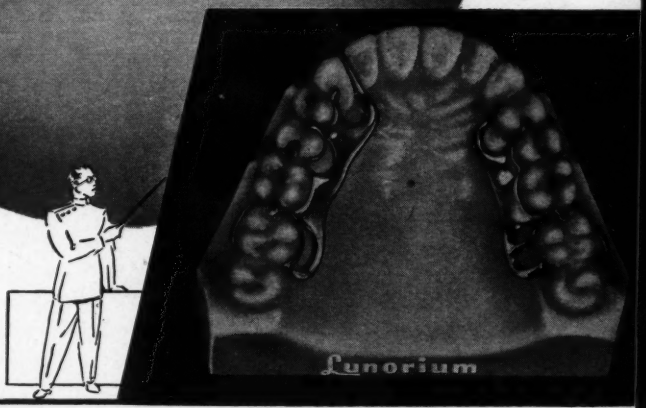
LIGHT
MICRO-BALANCED



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LUNORIUM'S *balanced* formula gives you every quality you demand of a denture metal—and gives them to you *in perfect balance.* Great strength, flexibility, lightness, acid-resistance, reflecting quality, all are combined with a rare degree of micrometric accuracy! Discover for yourself the superiority of this micro-balanced alloy . . . discover why dentists all over the country prefer it. Specify **LUNORIUM** for your next case.

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THE ONLY *Micro-Balanced* DENTAL ALLOY

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If your own laboratory is not equipped to process LUNORIUM replacements, the central laboratory in Baltimore is prepared to render you prompt service.

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NEW TRUBYTE

"REDUCTIO AD ABSURDUM"

To reduce Tooth Color to a few "Favorite Shades" is absurd!

Original MASTER SHADE GUIDE *with 2513 Teeth*

Reduced to 170

Then to 24

THIS MASTER MOULD GUIDE WOULD BE MORE THAN 32 FEET IN DIAMETER.

NOTE SIZE IN RELATION TO PRESENT GUIDE OF 24 TEETH—SHOWN BELOW.

TO BRING Shade Selection within Commercial Possibilities and preserve a High Degree of Efficiency in Shade-Matching, we reduced the number of "Shade Teeth," for Trial, to 170 Shades and then retained the 24 Shades that were in most Frequent Demand in the Final Tests. . . . .

NEW TRUBYTE

Do you think—

we would have loaded up our Stock with 24 Shades if less would do?

TO MATCH NATURAL TEETH

First match Incisal Edge and then Body of Tooth—Teeth are grouped according to Color,

BLUE-GRAY
YELLOW-GRAY
RED-GRAY

EDENTULOUS CASES

Select Tooth that harmonizes with Dominant Color of your Patient. . . .

Send for Booklet "COLOR IN TEETH."

THERE are 24 Shades in the New Trubyte Shade Guide. . . . If there were less, it would hurt the Shade Guide's value to you. . . . . .

As a matter of Record, the 24 New Trubyte Shades have been reduced from the Original 2513 made in the process of matching the "Run" of Natural Teeth. . . . . .

To further reduce them to a few "Favorite Shades" would be ——— *"Reductio ad Absurdum"!* . . . . . .

THE DENTISTS' SUPPLY COMPANY OF NEW YORK

(Note) Novocain-epinephrin solutions are indicated in cases where ischemia of abnormally long periods or a dry field are required. Cook and Waite Solutions containing standard epinephrin concentrations are still available and are made according to the same high standards as Novocain-Cobefrin.

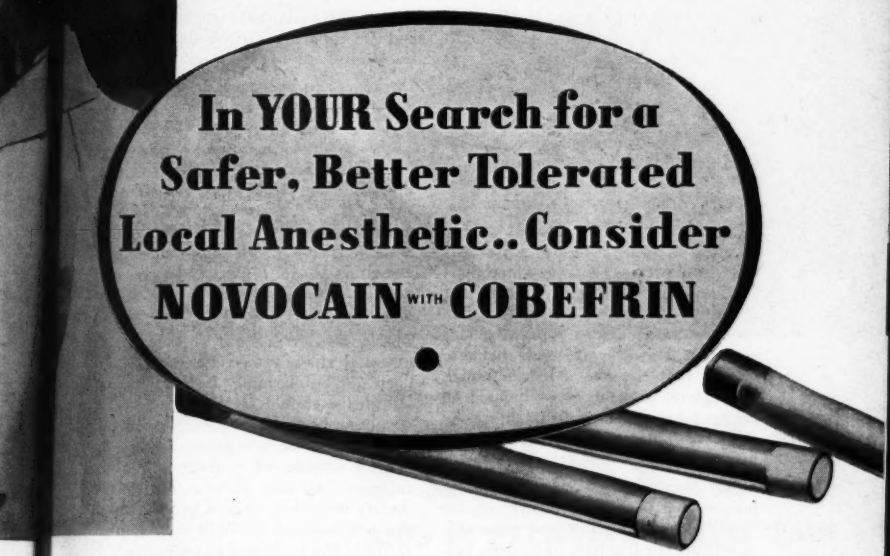
A LOCAL anesthetic solution that you can inject without fear of unpleasant, uncomfortable patient-reactions... one that is entirely compatible with the tissues... one that will not hamper Nature in her effort to effect quick, normal healing after extractions.

These are the attributes for which you are searching in an anesthetic solution. These are the requirements of the entire dental profession in selecting the anesthetic solution that will meet its exacting standards.

And, shrewd, successful dentists

Results of repeated experiments have shown that Novocain-Cobefrin is not as toxic as Novocain solutions containing epinephrin when injected intravenously, intramuscularly or subcutaneously in rats.

In YOUR Search for a Safer, Better Tolerated Local Anesthetic.. Consider NOVOCAIN WITH COBEFRIN



are more and more considering Novocain-Cobefrin in their search for such a local anesthetic. There are thousands of dentists who have already selected it as the solution that most nearly meets those requirements.

Novocain-Cobefrin possesses a background of *pharmacological* and *clinical research* — the basis upon which it was first offered to the profession—one which is constantly being enlarged upon . . .

However, it is upon its successful clinical background of millions of injections *in actual practice* that we recommend it for consideration in your search for a safer, better tolerated solution. It is available from dental dealers in the regular Cook or R. B. Waite cartridges or ampules and in cartridges that enable you to alkalinize the solution to a pH approximating that of the tissue fluids.

---------- *(Mail this coupon for literature)* ----------

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THE ANTIBIOLOGIC COMPANY, INC.
170 Varick Street, New York, N. Y.
Laboratories: Rensselaer and Somerville, N. Y.

Gentlemen: Send me complete literature on Novocain-Cobefrin. My professional card is enclosed.

RECENT ADVANCES IN THE SCIENCE OF NUTRITION

VII. The Unknown Vitamins

● The past twenty years of biochemical research have steadily brought additions to the list of vitamin factors known to be indispensable in proper human nutrition. Today, only vitamins A, B_1, C and D, riboflavin and the P-P factor are universally considered as essential to man. In general, the requirement for these factors is greater in certain phases of the human life cycle than in others.

This list of essential factors is probably incomplete. It has been aptly stated (1) that our species has evolved in the direction of lengthening rather than shortening the list of known dietary essentials. However, it is reasonable to believe that the above list, although incomplete, probably does include all factors whose absence from the ration may cause the most severe types of human dietary deficiency disease.

Investigations on the nutritive requirements and the biochemistry of the lower forms of animal and plant life constitute the frontiers of modern vitamin research. From studies such as these may come the first clues as to new vitamins which may ultimately be proven essential in human nutrition. For example, it was upon research of this type that the dietary requirement of the rat for riboflavin was established and the importance of riboflavin (1) in human nutrition postulated.

During recent years, a large number of factors essential to animals other than man has been enunciated (2). As examples might be mentioned the factor in plant juices required by herbivora (3); the factor in fresh meat essential to trout (4); and vitamin K, needed for normal blood coagulation in fowls (5). Whether these or others of the factors essential to lower forms of life will also prove indispensable to man, the future must decide.

The knowledge that our present list of essential vitamins may be incomplete, need not be alarming. However, such knowledge should serve to emphasize the desirability of a diet formulated according to the best present concepts of the science of nutrition. Nature intends that man should receive all dietary essentials, known or unknown, through food and it will be through the medium of a judiciously chosen, varied diet that these essentials can best be obtained. Needless to state, the several hundred varieties of wholesome, nutritious, commercially canned foods lend themselves admirably to formulation of such varied, protective diets.

AMERICAN CAN COMPANY
230 Park Avenue, New York, N. Y.

(1) 1938. J. Amer. Med. Assn. 110, 1278.
(2) 1938. Ibid. 110, 1441.
(3) 1936. Proc. Soc. Exper. Biol. Med. 35, 217.
(4) 1928. Science. 67, 249.
(5)a. 1935. Nature. 135, 652.
b. 1935. Biochem. J. 29, 1273.

What phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. Address a post card to the American Can Company, New York, N. Y. This is the forty-sixth in a series, which summarize, for your convenience, the conclusions about canned foods reached by authorities in nutritional research.

ANACIN

AIDS IN RELIEVING DENTAL PAIN

» » » ANACIN is also helpful in relieving pain due to headache, neuralgia and neuritis.

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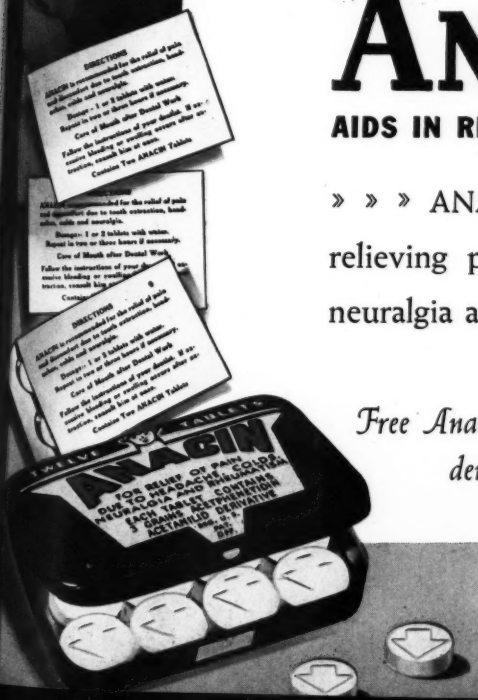
Free Anacin sample service to all dentists on request.



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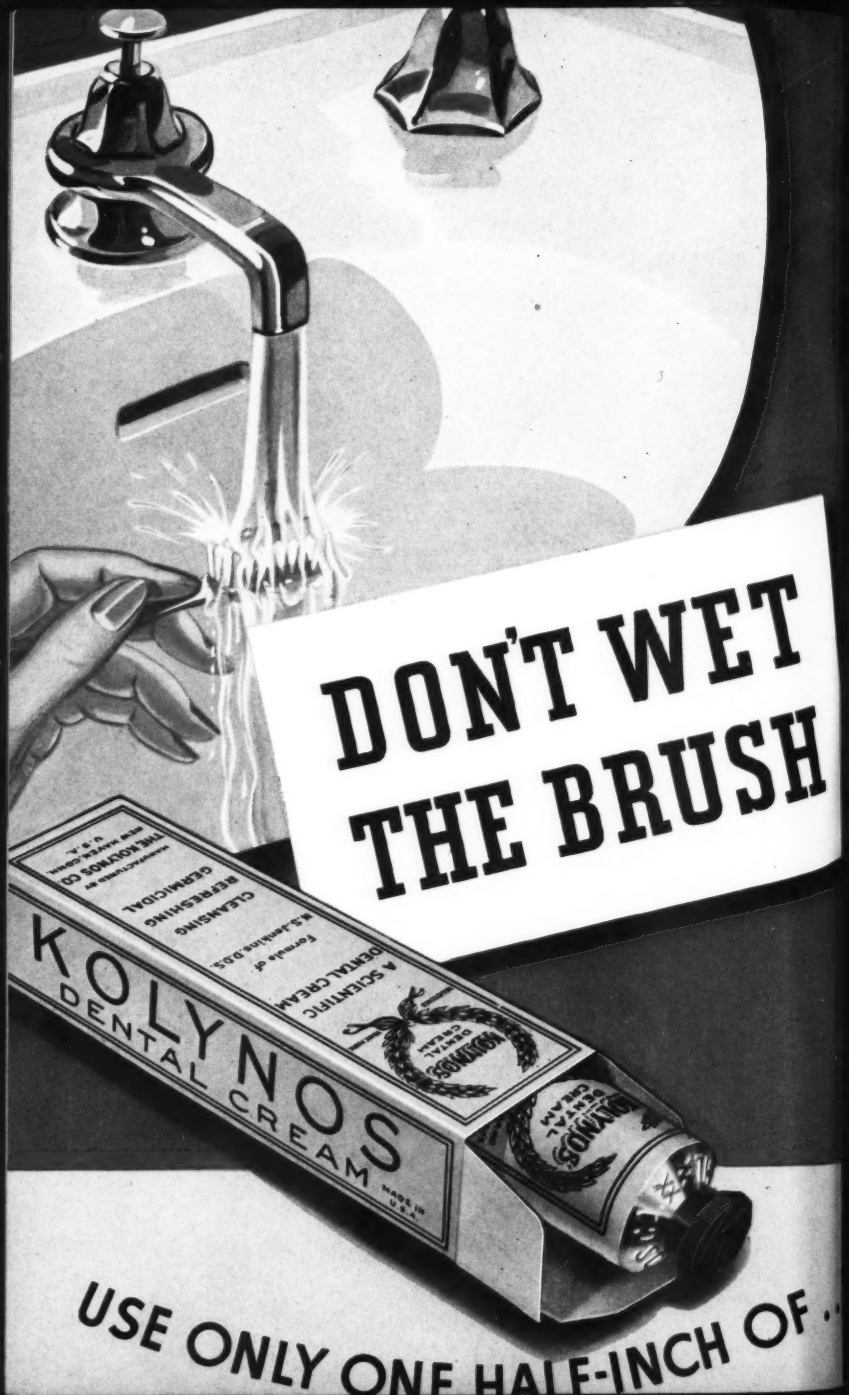
DON'T WET
THE BRUSH
KOLYNOS
DENTAL CREAM
A SCIENTIFIC
DENTAL CREAM
CLEANSING
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THE KOLYNOS CO.
USE ONLY ONE HALF-INCH OF ..

● When Dr. Jenkins developed Kolynos he added no water to his Dental Cream. He advised his patients to use Kolynos on a dry tooth brush. His instructions were:

"Don't wet the brush."

"Use only one half-inch of Kolynos on a dry tooth brush."

"Your saliva will furnish enough moisture to produce just the right amount of foam."

"As you finish the brushing add water and you will gradually rinse the creamy foam from the mouth, leaving your mouth clean and delightfully refreshed."

"You will find that Kolynos Dental Cream lasts twice as long when you use it as I advise."

Kolynos today contains no added water—for this reason it is a concentrated Dental Cream. When used (one half-inch on a dry brush) as Dr. Jenkins advised, it lasts longer and is most economical.

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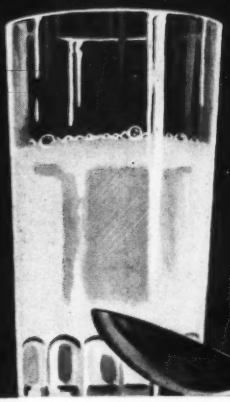
KOLYNOS

ON A DRY BRUSH

BiSoDoL

helps RELIEVE

GASTRIC HYPERACIDITY
AND DIGESTIVE UPSETS
due to excess
STOMACH ACID



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For home and office use.

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To the Dental Profession
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IS YOUR DIAGNOSIS 3 THIRDS CORRECT?

You can't afford to be only partially right. Neither can you afford to waste time taking the same X-Ray over and over again. Your entire diagnosis depends upon the accuracy and clarity of your X-Ray examination. This in turn depends upon the solution you use. Take no chances. Be sure. Use F-R Concentrated Liquid X-Ray Developer and Fixer*.

First in liquid form, F-R Concentrated X-Ray solutions are still first in photographic quality. Films complete with diagnostic detail of great brilliance and entirely free of fog—attest to why F-R solutions are acknowledged best by dentists and hospitals the country over.

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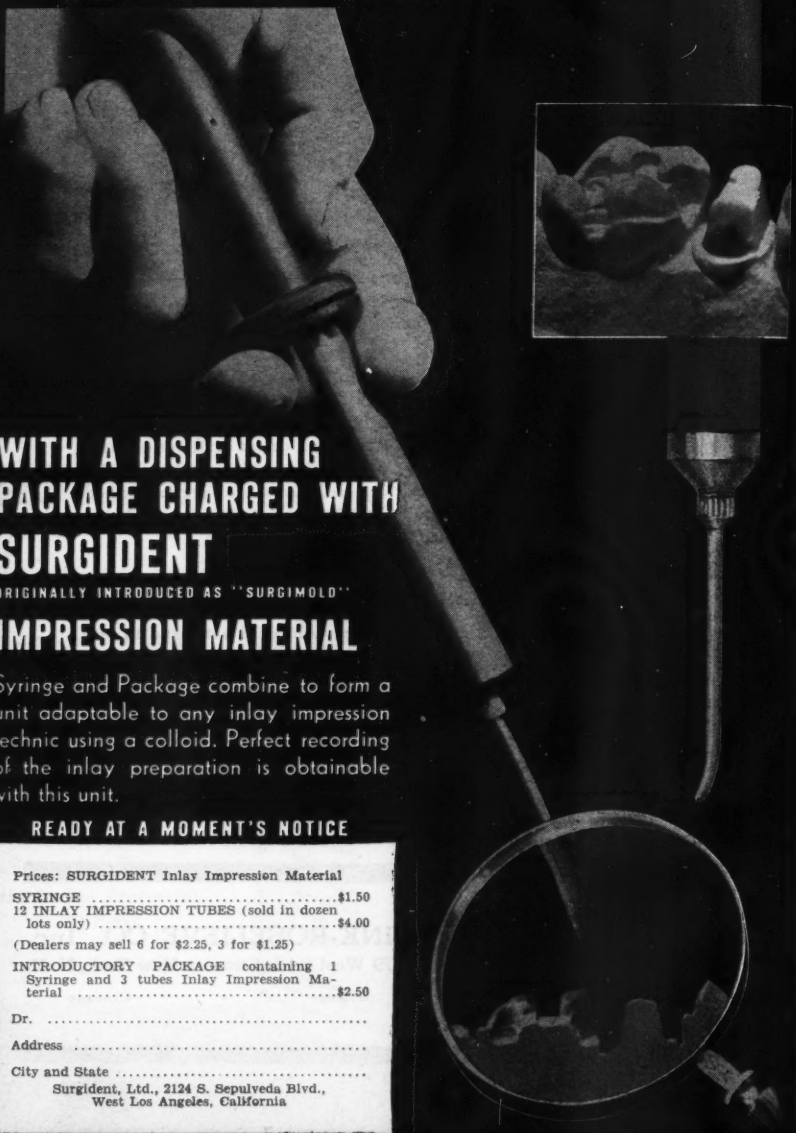
SURGIDENT POINTS THE WAY



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ORIGINALLY INTRODUCED AS "SURGIMOLD"

IMPRESSION MATERIAL

Syringe and Package combine to form a unit adaptable to any inlay impression technic using a colloid. Perfect recording of the inlay preparation is obtainable with this unit.

READY AT A MOMENT'S NOTICE

Prices: SURGIDENT Inlay Impression Material

SYRINGE $1.50

12 INLAY IMPRESSION TUBES (sold in dozen lots only) $4.00

(Dealers may sell 6 for $2.25, 3 for $1.25)

INTRODUCTORY PACKAGE containing 1 Syringe and 3 tubes Inlay Impression Material $2.50

Dr. .....

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City and State .....

Surgident, Ltd., 2124 S. Sepulveda Blvd., West Los Angeles, California

VOL. 29, NO. 3

Oral Hygiene

MARCH
1939

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ELIMINATION OF FEAR—Because people do not like to be hurt, they studiously avoid the dental office as long as possible. Analgesia banishes fear in patient's minds and they become regular and frequent visitors.

CONTROL OF PAIN—Because it acts upon the central nervous system, Analgesia minimizes discomfort quickly and smoothly to a point where patients actually enjoy a visit to the dentist. The patient remains conscious through the entire procedure.

INCREASED CONFIDENCE—Gas Analgesia builds confidence in the minds of the public. It sets you apart as a dentist whose first consideration is the welfare of his patients, and because of this it builds practice and profits for the years to come.

THE OHIO CHEMICAL & MFG. COMPAN

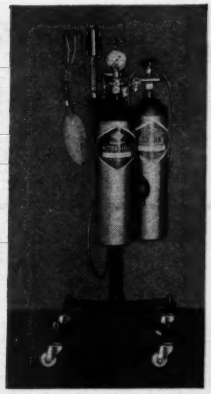
HEIDBRINK DIVISION

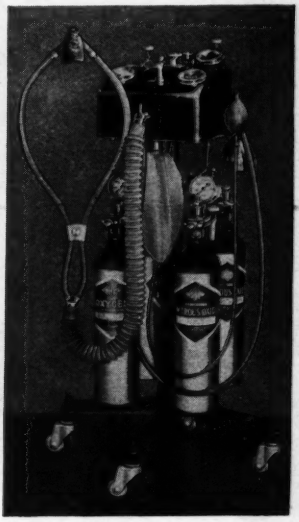
1177 MARQUETTE STREET CLEVELAND, O

3 modern machines

ONE WILL MEET YOUR REQUIREMENTS

OHIO ANALGESOR **HEIDBRINK AIRATOR** **HEIDBRINK SIMPLEX**





The units illustrated above are for producing Analgesia only, while the unit at right meets the requirements for all the various techniques for Nitrous Oxid-Oxygen Anesthesia and all the techniques for Analgesia including self-administration by the patient.

It's common sense and good business judgment to find out about the three types of apparatus illustrated here. You can be informed without being obligated.

SEND THE COUPON TODAY!

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Gentlemen:

Please send, without obligation, complete information on the apparatus checked.

☐ Heidbrink Simplex ☐ Heidbrink Airator ☐ Ohio Analgesor

☐ I would like a demonstration in my own office.

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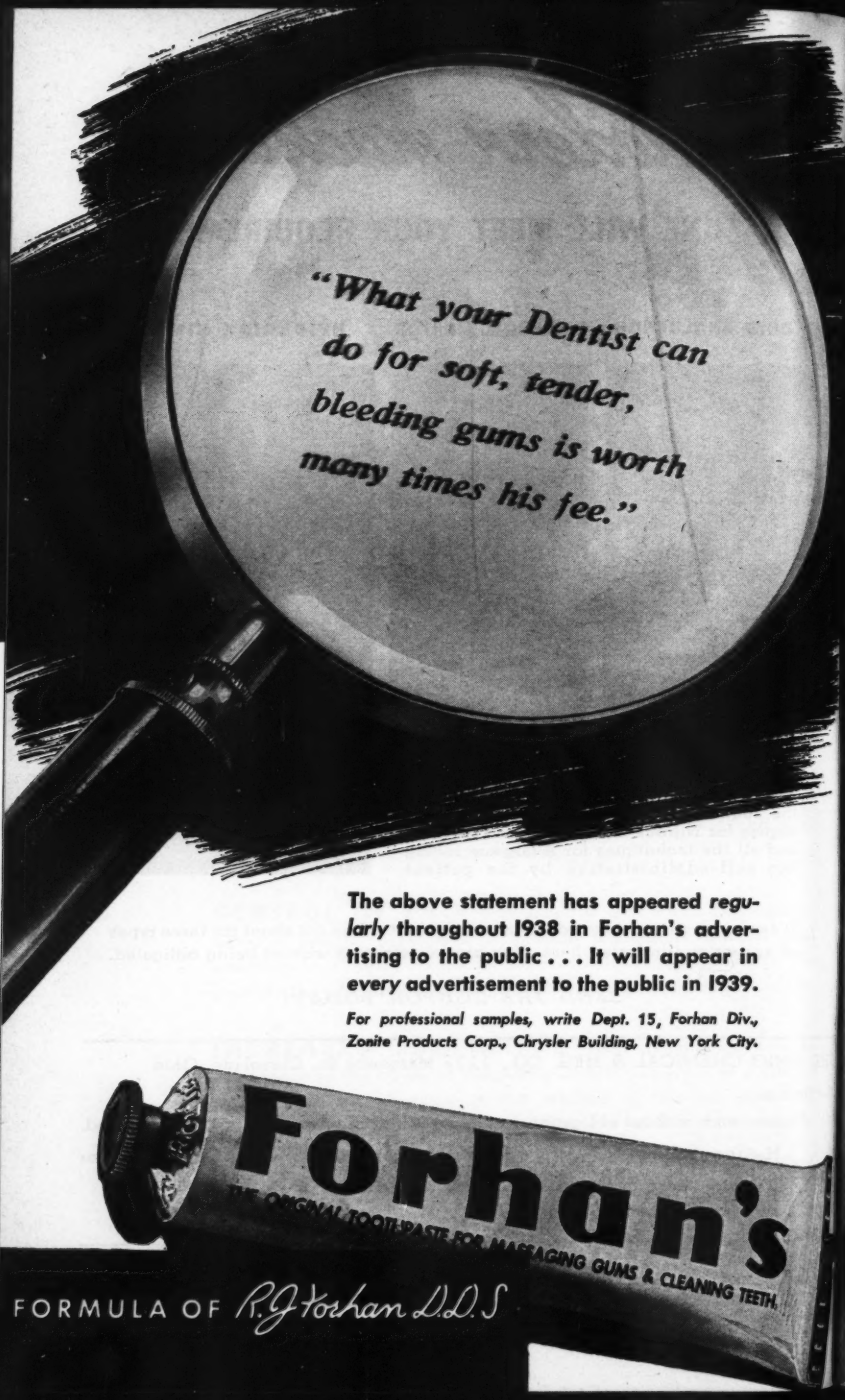

The above statement has appeared *regularly* throughout 1938 in Forhan's advertising to the public . . . It will appear in every advertisement to the public in 1939.

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ARE DENTISTS TRAINED TOO WELL?

by GEORGE SCHNEIDER, D.D.S.

HAS AMERICAN DENTISTRY gone as far as it should with its dental curriculum, or has it gone too far —so far that the person of low income cannot meet the expense of preventive and restorative dentistry? Is dentistry in America building up a curriculum that will place the profession on a parity with medicine? Is its object to take care of the dental diseases as they exist today that have resulted from neglected dentistry? Or is it trying to formulate a curriculum that will prevent most of the diseases of today before they have developed?

For some time these questions have been going through my mind and I have at last reached some conclusions about the answers. In fact, I am now ready to suggest something new as to the training of dentists and as to preventive dentistry, knowing, of course, that I am exposing myself to criticism from many sources.

Dentistry, in my opinion, is putting most of its emphasis at the wrong end. Instead of applying its best efforts to prevent the diseased conditions that exist today, it is trying to correct them after allowing them to develop. The prevention of any disease should take precedence over the cure of a disease. Preventive dentistry must begin with the eruption of the first deciduous tooth and continue throughout life.

As to the dental curriculum today, its basic principle is to cure the dental diseases of people as they develop, not to prevent them,

but I believe that the curriculum of our dental schools should devote more time to preventive dentistry. The diseases of the teeth present one of the most promising fields for a program of prevention, in either medicine or dentistry. Dental decay, one of the most prevalent of all human diseases, is the most easily checked of them all, not through medicine or dietary control but mechanically.

Although dental caries is a prevalent disease, it is not contagious. If its prevalency were the result of contagion, the medical and dental professions would long ago have taken steps to do more preventive and less restorative dentistry. When I speak of preventive dentistry, I do not have in mind the prevention that prevents dental caries, but I do have in mind the prevention that means placing restorations in all cavities that are large enough to be found. That type of prevention is a known quantity type, while preventive dentistry that is supposed to prevent dental decay is an unknown quantity and therefore cannot be measured nor estimated.

Preventive dentistry for children's teeth of pre-school age and on through the grades and high school age must be mandatory and compulsory. But this does not mean that the parents or the guardian of the child cannot take him to any dentist of their choice, provided they pay the required fee. There should be no objection to the making of dental service to the child compulsory when the government is willing to pay for such service, whenever it is proved that the parents or guardian cannot do so. If the country owes each man a living, it is up to the medical and the dental profession to make it a healthy one.

Public Education

There are some who believe that the problem of children's dentistry can be solved by education. But after we have educated the public to the necessity of dental care and they find that they cannot afford to pay the fees asked, they will turn to panel or state dentistry or health insurance. Neither state dentistry nor health insurance makes any special provision for preventive dentistry, but what is dentistry doing to keep the public from turning to such forms of practice for relief? I think it is up to the profession to show how dental service can be given to the public and not wait to be shown by the state, which will mean becoming engulfed in a maze of politics that will disrupt dentistry to the disadvantage of the public. Politics, medicine, and dentistry do not mix. There is no place for politics in a sick room or in a dental office.

To avoid political entanglements, it is time that dentistry overcame its smug complacency and realized that it is not the Government and does not have the controlling voting power in the United States. It is true that

PROPOSED PLAN FOR TRAINING DENTISTS

STOMATOLOGISTS

to do all types of dentistry -- professional prestige equal to physician --

SCHOOL DENTISTS

trained to care for children of school age --- offices in school buildings

DENTAL HYGIENISTS

trained to give prophylaxes and make restorations in teeth of children of pre-school age

the dental profession is protected by state laws, but the protection will remain in force only so long as the profession does its full duty to the general public.

Dentistry has made great progress in the scientific field in the last fifty years and has succeeded, to a degree, in taking care of the diseased conditions in the mouth as they exist today. But is it doing today what it should do to prevent serious conditions from developing twenty years hence? From an economic or a humanitarian point of view, dentistry has failed. Why? Because, after one hundred years of intensive research in the field of science, it has succeeded in rendering dental service to only about one person out of every four. If dentistry continues to increase the requirements to enter a dental school, and adds to the requirements after a student has entered, then makes a scientific research worker out of every student before he is allowed to graduate but fails to incorporate into its dental curriculum a branch or chair that teaches preventive dentistry only, dentistry will continue to do less and less dentistry for the average person. The higher the entrance requirements and the greater the requirements for graduation, the higher the dental fee. As the fee goes up, there will be more and more people who cannot afford to pay that increased fee. Under the present system of our dental curriculum the dental fees are too low, not too high, considering the time required to obtain a dental degree in our schools.

It is not in harmony with good dentistry to require the same amount of medical, dental and surgical training for the person who wishes to specialize in operative dentistry, such as all types of restorations, removal of deciduous teeth and prophylaxes, as is required to become a general practitioner. I also think that demanding a degree that takes only one year less than is required for the degree of doctor of philosophy before one is allowed to take care of a child's teeth of pre-school age is the most absurd thing that is required by any profession in America today.

Dentistry is engulfing itself in a haze of scientific research, trying to discover a scientific means of preventive dentistry. While dentistry is doing this, teeth are decaying by the millions, and those millions of decayed teeth are causing all kinds of systemic diseases. So dentistry has to have another group of scientific research workers to take care of all the diseases that are caused by those decayed teeth that the first group of scientists have failed to prevent.

Let the dietitian continue with his research but at the same time, let us do what we know definitely can be done and that is place restorations in all cavities in all teeth when those cavities are large enough to be found. That is our only positive preventive dentistry to this day. Why not

train men specifically to practice that branch of dentistry?

The Curriculum

Why must every dental student know all about full denture, partial denture, movable, removable, and fixed bridge work, root canal therapy, shell gold crowns, three quarter gold crowns, porcelain jacket crowns, swan bridges, surgical treatment of pyorrhea, extraction of permanent teeth, oral surgery, orthodontia—all these things that I have mentioned and a host of others that have no relation to the dental problems of the child of pre-school, grade, or high school age?

Seventy-five per cent or more of the time required under the present system to obtain a dental degree is taken up with subjects that have nothing to do with children's dentistry. If the two years of pre-dental training required after high school, before one can enter a dental school, were directed to the proper training, one would be well equipped to take care of children's teeth.

Let us look at dentistry without prejudice or malice, as it is practiced today. Almost every time an exodontist applies an instrument to remove a tooth, it is because a certain cavity was not taken care of in that tooth when it was big enough to have a restoration placed in it. Why spend years in research on root canal therapy because of these neglected cavities? How about bridge work, including all types, all the result of not placing restorations in the cavities in certain teeth at the right time? How about all your glittering, destructive partial dentures that demand such pyramiding of fees? All are the result of neglecting preventive dentistry.

As important as these things are, which I have just mentioned, they sink into insignificance when you begin to enumerate all of the systemic diseases that are caused by the pulpless tooth, all because of the lack of preventive dentistry.

What I have just said may sound harsh and critical, but I want you to pause here and read what Louis S. Reed, one time member of the research staff of the Committee on the Costs of Medical Care, has written in his book, HEALTH INSURANCE, THE NEXT STEP IN SOCIAL SECURITY:

"Complete medical care, with the exception of dentistry, should be provided, the services of a family physician, specialist, and consultant service, hospitalization, nursing care, the various auxiliary services and drugs, eyeglasses and appliances.

"It will not be possible to provide complete dental service at the beginning, so great is the accumulation of dental defects among the general population that any attempt to do so would bankrupt the scheme. Some of the less expensive types of service, perhaps, cleaning and scaling, extractions and simple restorations should, however, be provided under the scheme and provision made whereby insured per-

sons could obtain other dental service by bearing part of the cost themselves."

If every child in America, up to eighteen years of age, had been given the proper preventive dental service, the up-keep from that date to fifty years of age would be inexpensive provided semi-annual visits are made to the dentist. But it is not, in my opinion, necessary for one to know all branches of dentistry in order to take care of children's teeth and avoid the condition Mr. Reed describes.

The dental service required by the normal child can be divided into three periods, and each period, you might say, calls for a certain type of dentistry. The first period is the pre-school age and deals primarily with the deciduous teeth and the possible eruption of the permanent incisors and the first molars. The second period begins at school age and continues on through the grades and high school years until all teeth are erupted. And the third period covers the time after high school age until the end of life.

It seems to me that the main reason our dental colleges are not devoting enough attention to the teeth of American children in these three groups and to preventive dentistry in general is that the time required to train properly and equip a student to do all the restorative dentistry is so great that no more can be incorporated into one general course. That is why I am going to suggest a plan that will open and broaden the field of preventive dentistry and, at the same time, will have a tendency to keep the state from stepping in and telling dentistry what to do. I am going to propose that our dental schools adjust their curriculum so that they can train and graduate three classes of dentists, to be classified, as follows:

1. *Dental hygienists.* Their work should be the care of children's teeth of pre-school age. This class should be chiefly made up of women, as they are better fitted by nature to take care of children of that age than men are. The hygienist should be specially trained in giving prophylaxes and all types of restorations that a child may need up to school age. All dental hygienists must have their offices in conjunction with some regular licensed dentist, so that he can take charge of any patient who may need dental care which is beyond the scope of the dental hygienist.

2. *School dentists.* These should have special training in dentistry for school children. A state law should be passed making it compulsory for every child to have his teeth examined and cared for during his grade and high school years, and compelling each pupil to have his teeth placed in good condition before he can pass from one grade to another. This work should be done by specially trained men or women with offices and equipment in the school buildings, to be paid a fixed salary by the school board, and only to do the following branches of

dentistry; namely, prophylaxis, all types of restorations for both deciduous and permanent teeth, where the pulp is not involved, and the removal of deciduous teeth.

Any other dentistry that a child may need while in school, in the way of space retainers, or the removal of permanent teeth, if any, should be done by a local dentist at a reasonable fee and paid for by the school board. This would cover virtually all the dentistry that the average child would need while in school and would give each child a thorough training in mouth hygiene.

It would give each high school graduate a foundation on which to carry on to fifty or sixty years of age without knowing what a toothache is and without having a pulpless tooth in his or her mouth.

3. *Stomatologists.* The third class of dentist would be known as a "stomatologist" and he should be in position to do all the dentistry that any person needs after leaving high school. His pre-dental requirements should be as high as the pre-medical requirements. His dental, medical, and surgical training should equal that of medicine and dentistry combined, so that he will not have that feeling of inferiority creeping up and down his spinal column when he is in consultation with a physician on the all important subject of the foci of infection. He should be in position to diagnose all diseases that may arise from periapical infection, all systemic disturbances resulting from pyorrhea or systemic disturbances that may cause pyorrhea, and all diseases of the oral cavity should come under his care. He is the one who should diagnose and tell the physician which systemic diseases are caused by apical infection, and tell the physician which teeth should be removed in order that he may give his patient the proper medical care, and not as it is at the present time, the physician telling the dentist which tooth should be removed and which one the dentist may save. This class of dentist should have the right to fill out a death certificate.

All grade and high school pupils should undergo a thorough dental examination at the close of each school year by a reputable general practitioner, and he should check and make a general report of all the service given by the school dentist.

It is not the duty of the dental profession to furnish dentistry to our indigent, any more than it is the duty of the shoe manufacturer to furnish them with shoes, or the automobile manufacturer to furnish them with automobiles. But it is the duty of the dental profession to provide means and ways, by which adequate dentistry can be given to them at the lowest fee possible.

If typhoid fever or smallpox epidemics are a disgrace to the communities in which they exist, then abscessed teeth are a disgrace to the dental profession, for

it is much easier for the dental profession to prevent teeth from abscessing than it is for a community or the medical profession to prevent typhoid or smallpox.

The plan that I have suggested in this article cannot be put into effect without assistance from the state. If dentistry up to now has been taking care of only about 25 per cent of the teeth of the public, it stands to reason that we will need to have some assistance from the state in order to take care of the remaining 75 per cent. Dentistry in America, can not say that it has succeeded, until it saves the teeth of America's youth, Un-devitalized and Un-crowned.

This suggestion will meet with all kinds of criticism, but criticism will not take care of the public's teeth, and it will not prevent the collision that we are headed for if some sane, concrete, constructive plan is not formulated and presented by the dental profession.

126 *Marquette Street*
La Salle, Illinois

COURSE IN PUBLIC HEALTH DENTISTRY

IN LINE WITH current health trends the dentists of the New York Public Health Department have collaborated in organizing a course of instruction in public health dentistry for all dentists in the clinics of the Department. The lectures, which began on December 2, 1938, are being given by members of the Department and other specialists and will continue weekly until June twenty-third, when an examination will be offered for all those who desire to seek civil service rating. The entire course is under the direction of the Department's educational committee headed by Doctor S. M. Schenbaum with whom Deputy Commissioner Palmer and Doctors Leona Baumgartner and Harry Strusser are cooperating.

MRS. JONES HAS A TOOTH EXTRACTED

by MAX H. JACOBS, M.D., D.M.D.

SOME TIME AGO, Mrs. Jones[1] walked into a dental office to have a lower molar extracted under gas. Her experience had been so unpleasant that she had not forgotten it.

Having been given nitrous oxide, she recovered only to learn that the molar was still in place. The dentist, because of lack of training and experience, had informed Mrs. Jones that she was not a suitable patient for gas, and had advised her to have a local anesthetic.

During the time that the nitrous oxide and oxygen were being administered to her, Mrs. Jones had been in profound anesthesia one moment, too light the next moment, and thus "see-sawed" for about 15 minutes, until her unconscious body revolted and showed its disapproval by a series of clonic contortions ending in vomiting and followed by a long period of retching.

At home she had been sick for about 24 hours, not being able to take fluids or food. The ailing tooth was still present, and she had had intermittent pain. The pain had now become so intense that she had no alternative but to have the tooth removed.

This morning she awoke full of determination to go to a dentist. She wouldn't think of going to Doctor B, who couldn't extract the tooth under gas. Hadn't Doctor B told her that she ought to have a local anesthetic?

Turning to her daughter she said, "Mary, to whom shall I go to have my tooth extracted?"

Mary replied, "Try Doctor G, he took out Marjorie's tooth and she had no trouble."

Mrs. Jones set out for Doctor G's office. Fortunately, the dentist had no appointment at this time and he was able to take care of her.

"Good morning, Doctor G, I am Mrs. Jones. My daughter Mary recommended you to me, and I would like to have you extract a lower molar for me. Do you think you can do it without pain? I was told I can't take gas."

"Certainly, Mrs. Jones," he retorted with confidence and emphasis. "I'll give you what is known as block anesthesia, and no matter what I do, you cannot have pain. Please sit down."

Mrs. Jones took off her hat and coat, laid them down, and seated herself in the dental chair.

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[1]Jacobs, M. H.: Mrs. Jones Asks For Gas, ORAL HYGIENE 28:747 (June) 1938.

The assistant draped her and then handed the Doctor a swab dipped in glycerinated iodine. He dried the area of injection, painted it with the iodine solution, and made a mandibular injection followed by a long buccal injection.

"Now, Mrs. Jones, let's take a little x-ray picture of your tooth, and we'll be all set."

The film was developed by the assistant and was brought to Doctor G for examination.

"Mm! Mm! Take a look at this, Miss Brown," he said in a whisper.

"Deep caries, badly broken down tooth, and I have never seen such exostosed roots."

Holding the film in his hand and stepping to the chair he said, "Mrs. Jones, there is nothing to this. I'll have it out in a second."

The sickly grin on Mrs. Jones' face ended in a nervous twitch of the lower lip. The circumoral pallid ring around the nose and mouth deepened in its pallor. The pupils were contracted, but beads of sweat stood out on her forehead—she was really scared.

Doctor G noticed this and hastened to relieve her fears by making light of her condition and the operation.

"Mrs. Jones, do you feel a peculiar sensation in your lip and tongue?"

"Gosh! Doctor, I feel creepy all over. I can't keep from shivering."

"That's all right, Mrs. Jones. It will be over in a moment. Let's go."

Doctor G's assistant handed him a pair of lower molar forceps. He looked at the tooth, carefully examined the forceps, and stepped behind the chair.

As the Doctor lowered the back of the chair suddenly, Mrs. Jones uttered a shriek and almost jumped out.

"I'm sorry, Mrs. Jones. I didn't mean to scare you."

With very little composure, Mrs. Jones settled back into the dental chair, giving the appearance of one ready, at any moment, to break the traces.

Everything was now ready. Doctor G fitted the forceps over the molar, and noting that the lingual wall of the tooth was absent, inserted the beaks of the forceps deeper between the alveolus and lingual tissues.

Slowly the fingers closed around the handles of the forceps. With each degree of added pressure, noises emanated from the oral cavity denoting a crunching of the crown of the tooth, added to weird groans of fear.

When Doctor G felt that sufficient pressure was being exerted with the forceps, he suddenly forced the tooth into buccal traction.

Mrs. Jones felt as if a firecracker had exploded in her mouth. The crunching of the crown, the snap of the lingual alveolus, and the sounds resulting from the fracture of the roots of the tooth ended in a reign of mental pandemonium.

Doctor G didn't like the situation. Had he not promised Mrs. Jones that the tooth would be out in a second?

Feverishly, the Doctor turned

"I apologize most profusely for having to do this, but I have a sick patient in my operating room. . . ."

to Miss Brown and exclaimed, "Get me some elevators, please."

"What kind, Doctor?"

"Let's try 'Cryer's,' first."

Then began a battle. He dug, and he dug, and he dug. With each dig, a sliver of root was released; first, part of the distal root, then a sliver of mesial root; again the distal root, now the mesial root.

Mrs. Jones was drenched with her cold prespiration. Doctor G. could feel the hot drops of sweat roll down the back of his neck. Twice Miss Brown had wiped his face dry.

After he had worked for about 20 minutes, during which time he had intermittently said to Mrs. Jones, "I'm almost through now," he turned to Miss Brown and said,

"Let me try some other type of elevators."

Mrs. Jones breathed a sigh of relief, hearing that she was going to get a moment's respite.

Miss Brown set down several pairs of elevators. Doctor G selected a pair with long, sharp beaks and went to work again.

He succeeded in reaching the exostosed portion of the mesial root. With every effort to dislodge it, it rolled as if in a ball and socket joint.

He groped for the roots in the dark. The mouth was filled with blood, mucus, and saliva. Shreds of tissue lapped into the socket.

With each elevation of the instrument, ground alveolus mixed with blood clot was brought up.

By this time, Mrs. Jones was in a state of collapse. She begged to be allowed to go home, but to no avail. Doctor G kept assuring her that she was all right and that the operation would be over "in a second."

As he kept gouging the elevator in and out, he noted a lack of bony resistance in one area. Putting his finger over the lingual mucous membrane deep in the floor of the mouth, he could feel the point of the elevator as he manipulated it.

To himself he said, "I must keep away from this area." So he pointed the elevator in another direction and started all over again.

By this time, Mrs. Jones was moaning, groaning and moving all over the chair.

Doctor G was beginning to lose patience with her and himself. He barked orders at his assistant.

The poor girl didn't know which way to turn first. She tried to be as helpful as possible but to Doctor G she appeared to be in the way.

The exostosed roots were still in the socket. The socket walls were chewed up. The lingual tissues were torn and bleeding. There were buccal tissue lacerations. The anesthesia was now disappearing and Mrs. Jones was manifesting signs of pain.

Forty-five minutes had passed. Doctor G was exhausted. He was breathing heavily and his operating tunic was wet. Miss Brown, his assistant, was in a whirl.

All the instruments in the cabinet were strewn over the operating table. It was noticeable that very little gauze had been used.

Doctor G was no longer self confident. He was mentally hurt. His ego was disturbed. Forty-five minutes was a long time to operate on a patient for the removal of a tooth, and the roots were still in place.

Why had he made light of the condition to Mrs. Jones, when he knew that there would be trouble in the removal of the tooth? Why had he told Mrs. Jones that it would be over in a moment when he knew that a carious, broken down tooth, with exostosed or hypercementosed roots could not be removed in a second?

What was he to do now? Should he lie to her and tell her the roots were out? Should he refer her to an exodontist for completion of the operation?

If he lied to her, he would be

legally liable. If she returned at some other time and he used the same technique, he knew that the same result would follow. He decided to refer her to an exodontist, even though it hurt his pride to do so.

While thus soliloquizing, he noted that Mrs. Jones was listless in the chair. She was no longer moaning. In fact, he could hardly hear her breathing. He felt her pulse and found it feeble, thready, and rapid. She was very pale, her pupils were widely dilated, and she was trembling.

Doctor G recognized that Mrs. Jones was in surgical shock and called for some blankets to cover her. Miss Brown administered some aromatic spirits of ammonia by inhalation while the dentist mixed a little whiskey and water for her to take internally.

In the interim, several patients with whom Doctor G had appointments were waiting in the reception room. They were business men to whom time meant money, and they were nervously fidgety. They were cognizant of the fact that something serious was going on in the operating room. However, this did not deter them from continually looking at their watches.

Doctor G had no rest room. He had only one operating room. What was he to do with Mrs. Jones? She was too weak to get out of the chair, and he had no place to put her, if she could walk.

He stepped into the reception room and addressed his patients.

"Gentlemen, will you kindly permit me to change your appointments? I apologize most profusely for having to do this, but I have a sick patient in my operating room and I must give her my attention for some time."

Being men of intelligence, the patients acceded to the request without demurring. As a matter of fact, after what they had heard going on in the operating room, they were glad to get out.

It took fully an hour longer before Mrs. Jones was rational and in good enough physical condition to leave the chair.

Refers to Exodontist

"Mrs. Jones," the Doctor said, "I'm terribly sorry, but I was unable to remove the roots of your tooth. There is something abnormal about them, and I'll have to refer you to a specialist to complete the operation. You will have to forgive me, as I did the best I knew how."

"Doctor G," Mrs. Jones replied, "A man with your training should have known that this was going to be a hard tooth to extract. Why did you tell me it was going to be easy and would be out in a second?"

With this she began to cry hysterically and Miss Brown hastened forth to console her.

When Mrs. Jones had quieted down, Doctor G approached her with, "Let this heal for a few days, and then I will take you to a specialist, who, I feel sure, will be able to take care of you."

Mrs. Jones donned her outer garments with the help of Miss

Brown, and slowly staggered out of the office.

When Mrs. Jones arrived home, she was met by her daughter.

"What is the matter, Mother? You look terrible. What has happened? Is the tooth out? Did you like Doctor G?"

Between crying and sobbing, Mrs. Jones managed to tell the details of her story. All Mary could do was to sympathize, help her to undress and get her comfortably into bed, ending with, "Gee! I'd never want to go to Doctor G for anything. I must call Marjorie on the phone and tell her what I think of her dentist."

One cannot help but admit that an experience such as this is common in the every day practice of the general practitioner.

Trained men who have limited themselves to exodontia will show that a part of their daily routine is the completion of operations just described.

Let us analyze Mrs. Jones' experience, and suggest a remedy which will minimize such occurrences.

As pointed out in the June, 1938, issue of ORAL HYGIENE, Mrs. Jones had believed that she had an idiosyncrasy to local anesthetics. She had been advised to have nitrous oxide-oxygen for the removal of this particular tooth. Following her experience with nitrous oxide administered by a dentist whose training had been limited to a few lectures on general anesthesia during his undergraduate days, supplemented by a "course" given by a commercial salesman, Mrs. Jones would never again consent to be anesthetized with nitrous oxide. She had forced herself to ask for a local anesthetic.

Mrs. Jones was received by Doctor G in a manner restoring her confidence in herself. His preparations were good. His anesthesia was successful.

He made his first mistake after examination of the roentgenogram when he told Mrs. Jones that he would have the tooth out in a second.

He knew that a badly broken down molar with exostosed roots could *not* be taken out in a second.

He had deliberately lied.

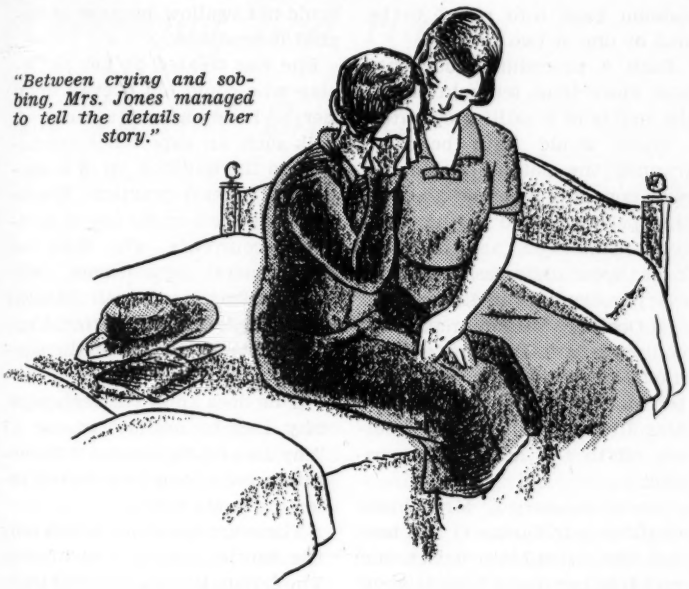
Lying to a patient tends to destroy confidence in the operator.

It would have been far better for him to have showed the film to the patient and said:

"Mrs. Jones, there is a growth of what appears to be bone at the end of each one of the roots of your tooth. You will notice that this growth is much wider than the upper part of each root socket. This means that the roots cannot be removed without some difficulty. You will, of course, have no pain, but it will take a little time to remove the tooth. This is a common occurrence in practice and don't mind what I am doing as long as you have no pain."

Doctor G made his second mistake when he attempted to remove such a tooth with a pair of forceps.

He knew that pressure with a pair of forceps on the crown of a badly decayed and broken down



"Between crying and sobbing, Mrs. Jones managed to tell the details of her story."

molar with a missing lingual wall would inevitably result in fracture of the crown into one or more pieces.

He knew that the roots could not be removed with elevators, unless he gouged and removed sufficient alveolus from around the roots to permit their elevation.

This, however, is not surgical technique and is conducive to much trauma.

A trained man, realizing that it is possible to take a stopper from a bottle without breaking off the neck of the bottle, would have approached the problem with a definite surgical technique.

He would have made a vertical incision mesial to the indicated tooth from the gingival margin down to the muco-buccal fold, freed the gingival tissues around the tooth, and laid back the mucoperiosteum exposing the bone overlying the roots.

With chisel and mallet, or any other recognized means he might choose, he would have removed this buccal plate exposing the roots sufficiently to permit their removal easily.

He would have inserted an instrument into the bifurcation of this tooth and with buccal traction and elevation removed the tooth "in toto."

He then would have picked out all spicules of bone which may have been present, smoothed all rough edges, laid the mucoper-

iosteum back into place, to be held by one or two sutures.

Such a procedure would not take more than ten minutes in the hands of a skillful operator.

There would have been no trauma, the patient would not have gone into a degree of shock, the operator would not have become exhausted, and it would have been unnecessary to use every instrument in the cabinet.

If Doctor G was not prepared or equipped to follow such a technique, it would have been far better for him to have explained to Mrs. Jones that she would be better off in the hands of a specialist.

As it happened, Mrs. Jones' confidence in Doctor G had been lost. She refused to go back to him and told her many friends about her experience. Some of these friends were patients of Doctor G's and were skeptical about returning to him.

Mrs. Jones was sick as a result of the pain and swelling for about two weeks. For several days she could not swallow, because of lingual lacerations.

She was treated by her physician who could not prevail upon her to have the roots removed.

Is such an experience conducive to the building up of a successful general practice? Knowing that these cases are of common occurrence, why does not the general practitioner, who does extractions, avail himself of the opportunity to perfect himself in the technique of the simple flap operation?

If he does know the technique, why does he hesitate to use it? Why does he dig around with elevators for a long time before resorting to its use?

These are questions which only the dentist himself can answer. The failure to use a surgical technique in cases such as Mrs. Jones' can result only in lack of success both financially and professionally.

311 *Commonwealth Avenue*
Boston, Massachusetts

Correcting Bad Habits In Dental Practice

by IRVIN H. TULKIN, D.D.S.

THE MOST NECESSARY and most difficult training for the dentist to obtain after graduation is a good, complete, and well planned course in the administration of his practice.

Of what value are our scientific improvements and fine technical skills if they are forced to operate through a maze of annoying habits that we and our patients have inherited with dentistry from its handicraft days? The dentist who does not suffer because of one or more of these evils needs no training or improvement in the management of his office.

A partial list of dilemmas facing dentists would include:

- Bargaining patients
- Unappreciative patients
- Wasted time
- Depressed fees
- Poor collections
- Poor routine
- Long hours
- Insufficient income
- Uncompleted cases
- Inability to give the patient *what is best for him*
- Need to discuss material
- Refusal of patient to accept x-rays
- Need to present alternative treatments
- Strained relations with patients
- Lack of cooperation, confidence and obedience
- Lack of referred patients
- Broken appointments

The problem is the elimination of these evils. First, we must recognize that they are the result of our own and our patients' bad habits; second, that we must change our own conception and habits before we hope to change our patients. Third, we must realize that our behavior was acquired in childhood and that there have been hundreds of repetitions to stamp in the wrong reactions of timidity, fear, and carelessness, and that to change an already existing comfortable, workable way of acting takes as much energy as went into its development; that resolution, exhortation, and knowledge of principles are not sufficient to change behavior; that only through substitution of guided and repeated new behavior patterns adopted in actual daily practice can we hope to change the habits that have brought about these evils. Finally, we must recognize that only through the acceptance and application of a sound group of poli-

cies designed to raise the conception and value of our professional service can we hope to rise completely out of this dilemma of dental practice.

The policies that if properly adopted in dental practice would set this higher standard are:

1. The dental profession has been legally appointed the sole and exclusive guardian of the *welfare of the whole people* within its particular field, and each practice automatically assumes the same responsibility within the sphere of its professional activities.

2. All practice policies and procedures must be subordinated to the welfare of the patient

3. Once we accept a patient for treatment, we must protect him, irrespective of his individual circumstances, with the entire resources of our judgment, knowledge, ability, and means.

4. The dentist cannot expect successful treatment without the confidence of his patient. (It then becomes the dentist's duty to administer his practice so as to establish a relationship of confidence before accepting his patient.)

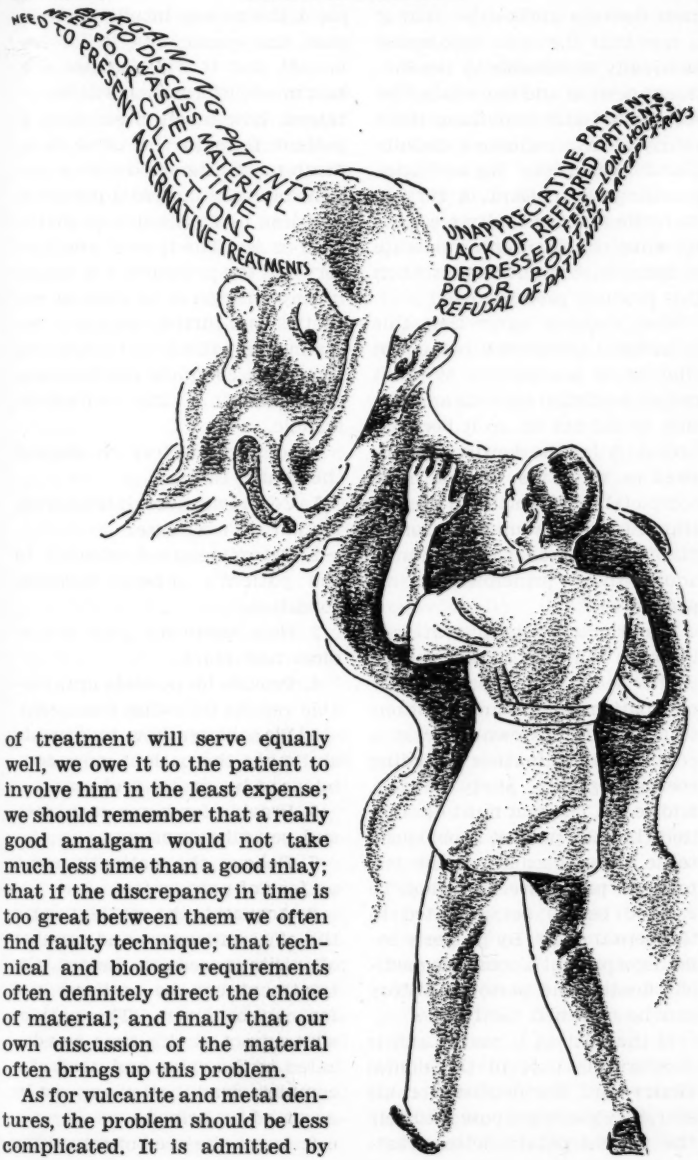
5. Good dentistry considers the *person rather than the mouth.* Negligence and other malpractice cannot be avoided reliably without exhaustive history and complete diagnostic procedure and the establishment of such relationship as will more clearly enable our patient to know *what to expect* and *what not to expect* from our services, wherein lie his responsibilities and ours. Dentistry to be of any value must make the patient not only healthier but happier.

6. It is the professional duty of the individual dentist to provide dental services within a reasonable limit of his means to those who come logically within the sphere of his personal and professional activities irrespective of their means. (The allowances we give have usually been based on intuition and often given to an undeserving, shrewd person and seldom to the meek one who may really deserve such an allowance; or they are granted in such a way as to be *little appreciated* or so as to depress our fees in general.)

7. The dentist cannot concentrate simultaneously on *fees and services* without affecting his services adversely.

8. The dentist should prescribe one type of dentistry, namely *his best,* and should never modify this in any way on account of the patients' finances. A surgeon can remove the appendix in one way only, his best; a dentist can only perform his services in one way, that is the best for his patients.

This last policy usually brings up the question of amalgams and inlays; vulcanite and metal cases. As for the amalgam and inlay question we must consider which is better in the operator's hands. We must consider the economic value of each to the patient over a period of time; we should remember that, when two plans



of treatment will serve equally well, we owe it to the patient to involve him in the least expense; we should remember that a really good amalgam would not take much less time than a good inlay; that if the discrepancy in time is too great between them we often find faulty technique; that technical and biologic requirements often definitely direct the choice of material; and finally that our own discussion of the material often brings up this problem.

As for vulcanite and metal dentures, the problem should be less complicated. It is admitted by

most denture authorities that it is rare that the same case would be equally serviceable by two different designs and materials. The soft tissues and remaining teeth nearly always indicate a definite plan for best protecting and safeguarding the patient. A further correction of our faulty fee habits when considering a vulcanite or metal case might help us when this problem presents itself.

Most dentists agree that this is an ideal philosophy but doubt that it is practicable. Without proper administration its adaptation would not be, so it becomes necessary for the dentist who desires to serve his patient more completely and better to receive training in the administration of his office that would enable him to adopt these principles in his practice.

Under proper administration it becomes the duty of the dentist or his secretary to prepare the new patient's mind and emotions to accept, in his own interest, a complete examination including roentgenograms, study models, and so on. The fact must be realized that the patient is obviously tense either because of the fee, pain, or procedure and must be relaxed before being seated in the dental chair. By properly relaxing a patient a complete medical, dental, and personal history can be obtained tactfully.

If the patient is seated and is comfortable (not in the dental chair) and the dentist's or his secretary's only purpose is to help the patient obtain better treatment, the patient intuitively feels that the questioning is for his benefit and it will surprise one how much information will be obtained, how much closer such a patient feels to the office, how much more interested such a patient becomes in dental medicine and less in mechanics or materials or fee. The type of the history and the procedure are varied in any emergency of pain or esthetics as a further means of relaxing the patient and preparing him for a complete examination after relief of his immediate trouble.

A complete history should aid the dentist to:

1. Consider more intelligently his patient's welfare.
2. Better relate treatment to the patient's general systemic condition.
3. Help overcome past prejudices and fears.
4. Provide for possible unfavorable results following treatment.
5. Plan better how to educate and make the patient more conscious of his dental problems.
6. Provide for home care, diet, and periodic check-ups.
7. Relieve the patient's mind on fear of pain or fee.
8. Acquaint the patient with the office procedure and number of visits necessary before the treatment can be outlined and fee can be given. (The patient who cannot at this time be educated to the value and need of a complete examination can not be accepted or helped.)
9. Learn the need of consulting

with some member of the patient's family before presenting services or fee.

When the mind of the patient has been prepared for the acceptance of a complete examination, there still remains the problem of getting the patient to accept the prescription. We must remember that the lay person frequently does not understand the importance of dentistry; nor can the patient be expected to have confidence in the dentist and the prescription if the examination is made hastily and with little thought.

Exhaustive diagnostic, prescriptive, and other administrative planning are essential for the following purposes:

1. Outlining complete and logical treatment.
2. Eliminating negligence.
3. Setting up safeguards for technical, ethical, temperamental, organizational, and economic contingencies.

It is not sufficient that we know what should be prescribed for the best interests of our patients; but it is also necessary to reduce such planning to a written form of diagnosis and prescription in language and sequence easily understood by the lay mind. In other words, the written diagnosis is intended to take the mystery out of dentistry for the patient. It further places the dentist on definite record regarding all phases of his diagnosis and prescription, all its purposes and limitations, and should be presented to the patient prior to treatment accompanied by a thorough verbal explanation.

Such presentation, if made while the patient is relaxed and under sound administrative conditions, usually discloses to the patient a new and higher basis of dental values and makes him conscious of the time and effort required in diagnostic and prescriptive planning prior to the execution of treatment.

In presenting his fee, directly or through a secretary, there should be no discussion of material or alternative treatment, appliance, or fee.

Where necessary the patient can be made to understand that the fee includes the correction of all disclosed irregularities to the best of the dentist's ability and involves a range of professional responsibility, knowledge, and skill that cannot be detailed to isolated acts or parts or materials in most cases.

If the dentist has concentrated his attention completely upon the patient's welfare, medical, dental and personal; that is, if he has actually felt a genuine desire to help his patient obtain a much needed service as he would a close friend or relative; if he has separated his thought of fee from service; if he has eliminated his own deficiencies of person and habit; if he has eliminated his patient's fear of pain or fee by consultation; if he is ready to help the deserving patient with the fee; if he is sure of the patient's confidence, knowledge of the value and limitations of his serv-

ice and has ascertained the patient's agreement with his prescription, he should then never lose a patient, because of fee alone. He should then be able to have in his practice all those patients whom he wishes to accept.

Again, I must draw attention to the fact that it has taken dentists years of application in practice to break away from their former way of practice and accept such a philosophy. However, a willing dentist, not too set in his habits, and training by good teachers who will guide him, and prevent slip-backs, is all that is necessary for nearly any man to practice this way and serve his patients better, build a more lucrative practice, gain a more loyal following, increase his prestige, and help raise the standards of his profession.

384 *East 149th Street*
New York, New York

DENTAL MEETING DATES

American Society for the Advancement of General Anesthesia, next regular meeting, Hotel Belmont-Plaza, New York City, March 28.

Eastern Dental Assistants Society, monthly meeting, Allied Dental Council, 145 West 57th Street, New York City, March 29.

Cleveland Dental Society, Annual Spring Clinic meeting, Hotel Statler, Cleveland, April 3-4.

M. I. Schamberg Meeting, third annual meeting, Bronx Hospital, Fulton Avenue at 169th Street, New York City, April 6.

Alabama Dental Association, annual meeting, Tutwiler Hotel, Birmingham, April 11-13.

American Association of Orthodontists, thirty-seventh annual meeting, Kansas City, Missouri, April 17-20.

New Jersey State Dental Society, annual meeting, Ambassador Hotel, Atlantic City, April 19-21.

Southwest Dental Congress, Eight States post graduate meeting, Oklahoma City, Oklahoma, April 24-28.

Southwest Dental Assistants Congress, eight states meeting, Oklahoma City, Oklahoma, April 24-28.

Pennsylvania State Dental Society, seventy-first annual meeting, Yorktowne Hotel, York, May 2-4.

Tennessee State Dental Association, annual meeting, Hotel Hermitage, Nashville, May 8-11.

Georgia State Dental Association, seventy-first annual meeting, Partridge Inn, Augusta, Georgia, May 15-17.

Indiana State Dental Association, annual meeting, Claypool Hotel, Indianapolis, May 15-17.

The Dental Society of the State of New York, seventy-first annual meeting, Hotel Pennsylvania, New York City, May 9-12.

Chicago Survey Shows Cost of Dental Care

TO PROVIDE SUFFICIENT dental care to put the mouth of each adult in a normal healthy condition would cost an average of $53.00 a year, according to a statistical study made by P. T. Swanish, Ph. D., Chicago Economist, and published recently by the Chicago Dental Society. Doctor Swanish arrived at this amount after making an exhaustive analysis of figures compiled by the Industrial Diagnostic Service[1] of the Society from the dental examinations of 4,211 industrial workers in Chicago. From his analysis of dental records and his study of health insurance systems now in operation in other countries, Doctor Swanish reached the conclusion that no health insurance system now established or proposed even pretends to furnish enough dental care to safeguard the health of the patient. In his published study[2] Doctor Swanish has included a number of charts and tables to substantiate his statements and emphasize points in his analysis.

For the average adult woman Doctor Swanish found by his study of the records of women that the annual cost of necessary dental care would be $48.00; that is, what each woman required at the time the examination was made excluding future developments. For men, he found on examining a large sample of their records, the cost of necessary dental service would be $55.00 a year. The average amount required for both men and women would thus be $53.00 a year. Doctor Swanish suggested in his report that, if this sum were multiplied by the total number of persons in the health insurance system, it would give some idea of the tremendous costs involved in such a project.

Another interesting point brought out by this survey was that women visit the dentist twice as often as men (1.8 times) and almost all women (94.7 per cent) visit a dentist at least once in five years. The record of the men showed that they attained only a percentage of 84 on the basis of a visit to the dentist at least once in five years.

To his surprise Doctor Swanish found that there appeared to be little, if any, relationship between the cost of dental care, the age of the patient, or the number of dependents. This indicates that other factors besides time, age, and dependency are at work in

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[1]Stimulating Dental Practice, The Chicago Industrial Diagnostic Service, ORAL HYGIENE 24:980 (July) 1934.
[2]Swanish, P. T.: The Cost of Dental Care Under Health Insurance, Chicago Dental Society, 1938.

establishing the cost to patients of needed dental care.

In summarizing his conclusions on the study, with relation to proposed health insurance plans, Doctor Swanish said:

"The dollar figure ($53.00) approximates the actual dental needs of that large number of working men and women in whose behalf such plans are adopted or urged. A health insurance plan, should it undertake to meet the actual dental needs of persons covered by the scheme, would be obliged to expend on an average the sums indicated . . . It is clear that no health insurance plan yet devised, or placed in operation, even pretends to provide for the actual dental needs of those embraced under such schemes. It is also quite clear that all such plans are organized to provide dental treatment of a preventive character and nothing more . . . There would still remain a vast amount of dental treatment for the private practitioner to supply."

The statistical study made by Doctor Swanish was based on figures compiled over a period of several years by the Industrial Diagnostic Service of the Chicago Dental Society. This Service, which was established for the purpose of public health education, sent qualified dentists to industrial plants to examine the mouths of the employees. First, a complete clinical examination was made and then a full set of roentgenograms was obtained from each person. The information secured in two examinations furnished the basis for estimating the cost of the needed dental service. In this connection it might be mentioned that in several other dental surveys that are frequently quoted roentgenograms were not used, although the dental profession now considers them essential to a competent mouth examination. The fees used to estimate the cost of this necessary dental service were those which were selected as "most prevalent" in Chicago at the time the study was made.

Although the Industrial Diagnostic Service was first established and operated for several years as a routine measure of education by the Chicago Dental Society, without thought of using the information for statistical purposes, the value of the collected material afterwards became evident to the officers of the Society. It was then they decided that it might be made the basis for a study of dental needs of industrial workers.[3] Doctor Swanish, as a well known economist and statistician, was commissioned to make this material "understandable." The Society, in its instructions to Doctor Swanish, advised him that it had no interest "in proving any particular thesis which the profession might hold concerning changes in the practice of dentistry which are suggested by the terms implicit in

[3]Copies of the book "The Cost of Dental Care Under Health Insurance" can be purchased at twenty-five cents each from the Chicago Dental Society, 30 North Michigan Avenue, Chicago.

DENTAL CARE COST-SHARING IS DISCUSSED

Voluntary Insurance Plan Held Not Workable; Compulsory Program Preferred

Problems of dental health insurance were discussed today by Dr. Ernest G. Sloman, member of the California State Dental Association's legislative committee, in ... with the California Medical ... tion's medical and hospit... plan and a proposal by Uta... to institute care of teeth o... payment basis.

Dr. Sloman was name... dental and medical associ... attend the C. M. A. confer... ting up the voluntary me... surance plan, which does n... dental service.

... Sloman said the Stat... has no plans ...

Dentists Adopt 'Prepay' Contract Plan

$10 Yearly Fee Proposed By State Unit

The Utah State Dental Association Friday announced a new prepayment contract plan whereby any adult may have the bulk of his ... of $10 a ...

OLSON STATE HEALTH BILL IS INTRODUCED

Compulsory Insurance Plan Faces Opposition From Doctors, Employers, Workers

BY B. W. HORNE
The News Staff Correspondent

SACRAMENTO, Jan. 25.—Co... pulsory health insurance for m... ...four million California m... ...d children was prop... ...sponsored by ...

DENTISTS STUDY LOW COST PLAN OF TREATMENTS

Doctors' Counsel Draw Proposed Law for Legislature

Legislation necessary for partial medical protection plans was being readied Saturday. Meanwhile, Utah's dentists prepared to offer contract plans for low-cost dental treatment on which no law changes are necessary.

William Howard Tibbals, execu... ...retary of the Utah Stat... ...tion, announced th...

DENTISTS OUTLINE INSTALLMENT PLAN

Urge Easy Payments for Low Income Groups to Stave Off Socialization

An installment plan program for financing dental service was introduced today by the Indianapolis Dental Society.

The program was adopted by the society at a meeting Monday night as a method of providing dental service to small income families, and at the same time to check the trend toward socialized dentistry.

Dental work contracted for under the "budget" proposal, would begin immediately, the society explained. Patients may pay for the service in monthly sums, spread over a period of one year.

"Defective teeth cost the A... can public millions of dollar... income each year," asser... C. Harvey, chairman ... relations committe... president of the ... teeth have ... sons, otherw... ...

... postpone a visit to ... because they fear they ... pay for his services. That ... contention of the socialized ... istry advocates.

"Under the new program, patients must pay as they pay for an automobile. They may have the dental work performed now and pay for it in small monthly payments prorated over a one-year period.

"Often after the family breadwinner pays his other bills he doesn't have enough money left to keep his teenth in good condition. However, if he is incapacitated because of defective teeth he can not meet his automobile payments, his rent or his other obligations," Dr. Harvey pointed out.

The medical and dental bureau, in the Bankers Trust building ... Societies' business ...

FREE MEDICINE PROPOSED FOR ALL IN STATE

Albany, Jan. 26 (AP).—A long range system of publicly financed medicine would be provided under a bill put before the Legislature today whereby every citizen of the state would be "entitled to the ...st medical and surgical ...atment free of charge."

...e measure, introduced by As...lyman Aaron F. Goldstein, ...klyn Democrat, would approp... $500,000 for initial organiza... of the State Health Department to create divisions for ...ing "all medical, surgical, nursing care and treatment." ...r it, physicians, surgeons, ..., pharmacists, nurses and ...ry workers now registered ...ed for practice in the state ...come part of the department personnel under civil ser...lations.

COUNTY ASSN. STUDIES ADULT DENTAL PLAN

Would Set Standards But Not Operate System

The Philadelphia County Dental Society, through its committee on emergency public health, has begun a study of an adult dental plan costing an average of $10 annually.

The plan, placed in operation Utah last week, calls for contracts for either adult individuals, children and families. ... York Academy of Den... studying the idea.

If the scheme ... said, the Societ... program bu... ...erate the ... up standards, reg... ...cost schedules ... able agencies or ... like the group ... system.

... deferred payments ... made over a five-year period ... the initial necessary recon... ...ioning of teeth. There would then ... a fixed annual per capita fee for dental maintenance. The initial costs, dentists here explained, would be the chief difficulty of the plan.

INSURANCE LAWS DRAFTED

any health insurance program." At the time he was asked to make this study, Doctor Swanish was Chief of the Division of Statistics and Research of the Illinois Department of Labor. He is now Commissioner of Placement and Unemployment Compensation of the Illinois Department of Labor.

In summarizing results of the study, Doctor Swanish emphasized repeatedly the conclusion he had reached as to the prohibitive costs of complete and necessary dental care:

"In the face of the tremendous fiscal obstacles in the way of a plan organized to provide for the actual dental needs of men and women," he wrote, "it is highly probable that a health insurance plan would be forced to limit itself to providing preventive treatment only."

DENTURES BY REMOTE CONTROL

by G. R. McLAUGHLIN, D.D.S.

TO GET THE PRESENT picture of the mail-order denture situation, I obtained order blanks, price lists, and impression materials from a half dozen concerns engaged in the business of making dentures by remote control. While the figures may be highly inflated, and probably are, one of these companies claims that it "has cared for over 58,000 people." Another boasts of over 10,000 satisfied customers, and a third leads in the braggart class by enclosing order blank number 112,638. Combine these figures, from three houses only, and we have a total of some 180,000 victims of decidedly inferior dental appliances. If only three of these quacks claim that many customers, it is safe to assume, by quite conservative reasoning, that the twenty companies (again a mild estimate) now selling dentistry by mail actually do have a thriving business. Considering the customers supposed to be served by only three of these concerns, we have enough to furnish some 60,000 legitimate dentists in the country with three patients each. Of course, we can not compete on the basis of $5.85 or $6.50 dentures.

A test case on the practice of mail-order dentistry, that of "Sylvan B. Heininger vs. James A. Farley, Postmaster-General of the U.S." was recently tried in the District of Columbia Court. The decision of Judge Peyton C. Gordon legalizes the practice of selling prosthetics by postman. The decision also points out, in specific terms, the many chances taken by any person who would actually expect to wear, to get a comfortable fit, or have any reasonable degree of satisfaction from a denture constructed in this haphazard manner. In other words, we all know the method is wrong; anybody with any common sense can see that. But it is still apparently all right with Uncle Sam until the suckers are all milked dry.

Doctor Lon W. Morrey, Supervisor of the Bureau of Public Relations of the American Dental Association, is interested enough in the obvious danger of permitting these prosthetic parasites to remain in existence to make the following statement:

"Permitting dentures to be made by mail is another example of the laxness of our laws. Unfortunately those who can least afford it are usually the victims. Certainly it is not too much to expect that the dental and legal

professions devise a law that will protect those who, because of their ignorance and credulity, cannot protect themselves."

Doctor A. B. Patterson, Chairman of the Committee on Legislation for the American Dental Association, who has already given the profession valuable time and effort in combating this serious menace to our reputation, was kind enough to furnish me with the following opinion:

"The Post Office Department and the Federal Trade Commission have set up very definite rules with regard to truth in advertising and have authority to put a stop to fraudulent advertising. The Post Office Department may, following an investigation where fraud is suspected, set a hearing and follow this with a 'Fraud' order, which prohibits further use of the mails to a person or firm found guilty of fraudulent advertising. The Federal Trade Commission following the same procedure may issue a 'Cease and Desist' order restraining the offender from continuing in his advertising certain statements that are found untrue and fraudulent, as was done following charges brought by the Federal Trade Commission against Heininger and others engaged in the mail order denture business. Under recent increased authority the Commission may even prohibit the manufacture and sale, in certain cases where the health of the public is involved, of what is proved fraudulent and punish with fine and imprisonment.

"However, an appeal from a Federal Department ruling may be then taken to a court of law for review, and the case may be finally considered by the Department of Justice, the Court of Appeals, or the Supreme Court before final disposition.

"All this essential but slow moving machinery makes for long delay and calls for a considerable patience on the part of those who are interested in putting a stop to fraud. Court action and law enforcement move in proportion to the personnel and funds, provided for this purpose by State or Federal Government. Progress may be slow but a very definite effort has been directed toward putting a stop to the business of mail-order dentures.

"If, as the dental profession believes, this method of practice is essentially fraudulent, it will finally be proved so, with no more delay beyond that inevitable in the legal procedure that must be followed. Fraud may be not only suspected, but quite apparent to the well informed and still be a most difficult thing to prove in a court of law, in fact a charge of fraud is, in general, just about the most difficult thing to prove in a court of law.

"Take 'the mail-order denture business' as an example. Just because you are specially trained as a dentist and presumably well equipped by training and experience to form an expert opinion as to whether this form of practice is essentially fraudulent your opinion in court is only your personal

opinion and maybe you might, however unfairly, even be accused of bias, assuming your opinion would be that the mail-order denture business is essentially fraudulent. This, in spite of your knowling that all dental college faculties concur in your opinion and condemn this practice, as does also the profession generally.

"The opinion of a layman, ignorant of the fundamentals of denture technique, is now balanced with yours. He may swear his mail-order denture is comfortable, functions well, and gives complete satisfaction and here we have a controversy to show that fraud exists. Your side must exhibit a preponderance of evidence of fraud, to overcome the defence exhibit of some who claim, however you may question their sincerity, complete satisfaction. Whether a preponderance of proof is shown of course rests now with the court who has not your supposedly expert knowledge of dentistry, but supposedly does know the law and has the authority to interpret it.

"The American Dental Association is concerned with the practice of dentistry as it may affect the health and welfare of the people generally and, with its component societies, is determined to outlaw every form of dental quackery and condemns any method of dental practice that is against the public interest or below the standard set up by our schools and associations and the legislature of the several states. Those public officials who are charged with the responsibility of enforcing and interpreting our laws are aware of the fact that the American Dental Association has severely condemned, as against public health and welfare, the mail-order denture business and are aware of the willingness of the American Dental Association to be of assistance."

This comprehensive and enlightening statement by Doctor Patterson sums up the legal aspect of the situation quite completely. It also informs us just how serious an effort has been made by one of the American Dental Association's most competent committees toward the abolishing of a vicious practice. Are we going to let the matter rest at this point, dismiss the subject with a smug and nonchalant shrugging of shoulders? The least we can do is to spend a few minutes time keeping the ball rolling. Let us not be squeamish about this matter; let's not procrastinate and expect Providence to find an answer to our problem. Carlyle once aptly said: "No man lives without jostling and being jostled, in all ways he has to elbow himself through the world, giving and receiving offence." It is a timely thought. We are certainly being jostled in deadly earnest by the denture-by-post people, so why not put our own elbows to functioning in self defense? We could, if we would, attain just as much "shine" on the elbows as most of us have acquired on the seats of our pants and that shiny medallion *may* obtain for us a lot more

of the worldly goods than supinely reclining on the broad ends of our spine has ever accomplished.

We all have congressmen. We all enjoy that precious freedom of speech in which our nation is bravely unique, and we all have the same privilege of the mails which Judge Gordon has ordained as proper for our pseudo-prosthetic stepbrothers, the advertisers. If only a small portion of us would write to our elected representatives, we would certainly be able to solve the problem in a hurry. Such a profession as ours never did belong in the "five and dime" class, so why not weed out the few petty imitators who seem to want to place us in that category?

Our place in the scheme of things is indeed an important one. Josiah Wedgwood might have had dentistry in mind when he said: "All works of taste must bear a price in proportion to the skill, taste, time, expense, and risk attending their invention and manufacture. Beautiful forms and composition are not made by chance, nor can they ever, in any material, be made at small expense." The average American citizen is equipped with enough intelligence to grasp the significance of that thought. He can also get the message, and the *irony* thereof, in the slogan which appears as the punch-line in one of the garish mail-order circulars: "Whatsoever ye would that men do unto you, do ye even so unto them," and, in the same script's irritating ballyhoo, there appears: "Dental Plates," for $6.85 per copy.

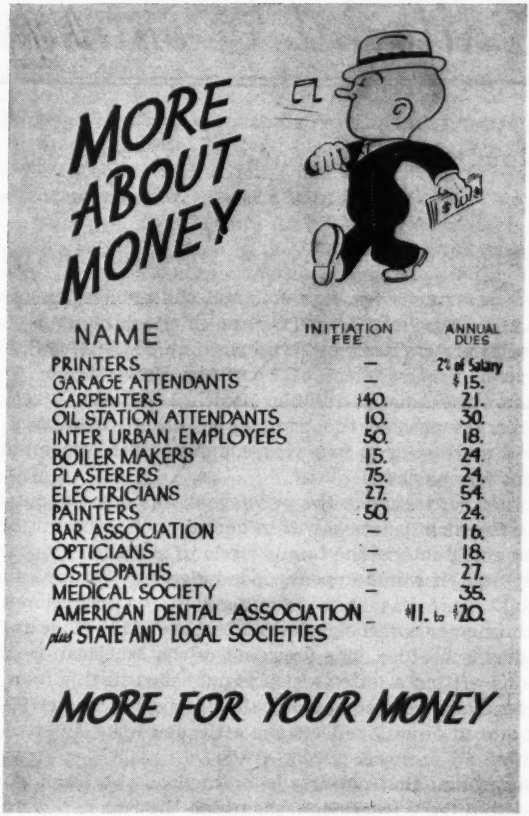
175 *West Jackson Boulevard*
Chicago, Illinois

STATE BOARD EXAMINATIONS

North Dakota State Board of Dental Examiners, regular meeting, Gardner Hotel, Fargo, July 10-13. Applications with necessary fee must be in the hands of the secretary at least ten days prior to date of examination. L. I. Gilbert, D.D.S., 401 Black Building, Fargo, North Dakota.

New Jersey State Board of Dental Examiners, annual meeting, June 26-30. Applications must be filed prior to March 15. For information write to Walter A. Wilson, D.D.S., 148 West State Street, Trenton, New Jersey.

Florida State Board of Dental Examiners, annual examination, Seminole Hotel, Jacksonville, commencing June 26. Preliminary applications must be filed sixty days prior to date of examination. For information write to H. B. Pattishall, D.D.S., 351 St. James Building, Jacksonville.



THIS IS ONE of a series of timely posters illustrating definite benefits of membership in the American Dental Association and its component societies. With a view to promoting an aggressive membership campaign, thirty of these posters have been prepared and are being circulated by the Southern California State Dental Association, a component of the national association.

Editorial Comment

GIVE ME THE LIBERTY TO KNOW, TO UTTER, AND TO ARGUE FREELY ACCORDING TO MY CONSCIENCE ABOVE ALL LIBERTIES. *John Milton*

DOUBLE STANDARDS IN DENTAL TRAINING

AN UNUSUALLY HEAVY response followed the publication of an item PROPOSE MORE DENTISTS, LESS TRAINING in the January issue of this magazine. This story described a proposal by Doctor Guy S. Millberry, former dean of the College of Dentistry, University of California, made before the American Public Health Association Meeting. Doctor Millberry suggested the training of 100,000 hygienists, technicians, and mechanics in two-year courses to perform minor dental operations for the child.

We do not deny anyone the privilege of his opinion but feel that the place for such debate is within dental circles and not before the public. In going outside the family circle to make his proposal Doctor Millberry used, it would appear, poor judgment. Whatever merit his plan might have has been submerged in the irritation produced among the members of the profession because of the place and method of introducing his idea. The President of the American Dental Association has written a letter which is published in this issue on page 321. Doctor Ward pointed out that the proposal of Doctor Millberry is his own and in no way reflects the attitude of the American Dental Association.

The suggestion that dentists be trained on two levels is not new. Doctor Alfred Owre, years ago, suggested the "master-servant" plan under which a super-trained dentist-physician would diagnose and prescribe and dental operations would be performed by technicians and mechanics under the supervising eye of the master. Owre's plan was violently condemned and Owre himself was made the butt of vicious attack. Doctor Millberry is making somewhat the same kind of suggestion and for that matter the article by Doctor Schneider in this issue ARE DENTISTS TRAINED TOO WELL? might be considered a part of such a trilogy. Most of us do not agree with the Owre, Millberry, Schneider point of view but I think we all admit that these men have the right, under the American system, to express themselves and be prepared to defend their contentions. For that reason Doctor Schnei-

der's article is appearing in this magazine, as a frank stimulant to debate on the subject. Those of us who do not react with enthusiasm to the idea of dentists being trained on two levels should be prepared to answer the questions: What are dentists going to do with the tremendous backlog of untreated dental disease in the mouths of American children? Can dentists in private practice care for this load should the demand suddenly be created? If, for example, dental care were to be made immediately available to all primary school children under a government program, could the dentists of America, at the present time, meet the demand? Furthermore, how many of us by temperament are fitted to work for children exclusively?

There are 13,000,000 children in the families on relief, according to government actuaries, which is another way of saying there are 200 child patients from relief families for every dentist in the United States. Scratching out the specialists, the practitioners who concentrate on adults, those who cannot or will not work for children, there would probably be at least 300 child patients from relief families for each dentist prepared to undertake this kind of work. Add to this the millions of children from self-supporting families, and it is apparent that the child market for dental service, if it were to be developed, might be so large that the present number of dentists could not handle the load. Further, the proponents of a two level method of educating dentists ask, and quite properly, "Is it necessary for a person to receive six years of college training to be prepared to perform simple dental operations in the mouths of children and to do prophylactic dentistry?" "Must one be trained in all the medical arts to perform such simple operations?" "May it not be economically prohibitive to train dentists for six years at an investment of thousands of dollars preparatory to doing operative procedures?"

We should be preparing answers to these questions by examining all aspects of the situation suggested by Doctor Millberry's proposal. We should debate the subject freely in dental forums and in our own publications, not before the public. Furthermore, we cannot lose sight of the fact that public agencies, notably the United States Public Health Service, are interested in dental programs for children. It is not inconceivable that, if the man power to carry out these programs is found insufficient, the Government itself would begin the training of personnel to carry out the objectives of a national program for children.

Edward J. Ryan

San Francisco (California) Chronicle: Willard C. Fleming, prominent dentist of Oakland, has been appointed Dean of the School of Dentistry, University of California, according to an announcement made by President Robert Gordon at the recent alumni meeting of the School held in San Francisco. A graduate in 1923 of the School of Dentistry he now heads, Doctor Fleming did seven year's research for the Carnegie Foundation on inmates of San Quentin prison. Besides conducting a private practice in the bay area he has been assistant dean of the School of Dentistry of the University since 1935, and has long been known as an authority on pyorrhea. On the day he received his new appointment Doctor Fleming reviewed a year's special research on the use of silver nitrate solution as a preventive of tooth decay in unprotected areas.

Philadelphia (Pennsylvania) Record: Formerly a composer of popular fox trots and crooning songs, several of which have been published in England, William B. Richter, a dentist of 7101 York Road, has just written a martial song UNITED WE STAND, on request, for the English Speaking Union. Inspired by the plight of the German refugees, he has also written a song entitled THE REFUGEE and dedicated it to President Roosevelt. Although Doctor Richter is the author of several novels and articles, he reports that he gets the most satisfaction out of writing songs, many of which he has composed on the tops of busses.

New York (New York) Times: For twenty-five years, Herbert W. Whitney, dentist of Mexico, New York, has been interested in the propagation of nut trees and in developing new varieties. Doctor Whitney experiments with walnut sprouts in small wooden tubs. Then he transplants them to his extensive arbor, where they grow into trees and bear more nuts for use in further experiments. In the opinion of the dentist

one of his prize achievements was the crossing of walnut and chestnut sprouts. The result was a nut which looks like a chestnut, but has a walnut inside its shell. Another time he fertilized a butternut and a chestnut, which resulted in a much larger butternut.

Dover (Ohio) Reporter: From among five candidates Victor E. Berg, a dentist living at 221 Second Street, North West, New Philadelphia, was elected a member of the city council to fill the vacancy caused by the death of one of the members. In connection with this office Doctor Berg, the new councilman, also becomes a member of the service, safety, and hospital committee and of the firemen's pension board.

New Orleans (Louisiana) Times-Picayune: One might call F. M. Isaacson, dentist, of 56 Audubon Boulevard, a specialist in hobbies. He is an amateur collector, horticulturist, sculptor, and naturalist, whose home and garden form the background for his twenty-year accumulation of specimens. Doctor Isaacson's collection of ivory represents such variety and intricacy among its 400 pieces that it is valued in excess of $25,000 and considered one of the most outstanding of the South. Most valuable objects in it are billiard balls out of which have been carved historical scenes in the most precise and delicate detail. In one wing of his home Doctor Isaacson keeps his curios, among them a sailing vessel from Vienna entirely of drawn glass, a Panama Indian idol wearing a necklace of monkey's teeth, an eagle that once reposed in a London museum, and a cane sword from Toledo, Spain, inlaid in gold. There is also a group of plaster reproductions of the heads of several people of New Orleans that throw light on another one of his hobbies. From the museum one can descend to the aviary, deep in a tropical setting of vines and fruit and shade trees, where Doctor Isaacson keeps some 200 birds.

Seattle (Washington) Times: It's fun to practice dentistry in the Yukon. At least that's what Doctor Bart LaRue, graduate of a dental school in Portland, Oregon, said recently when he reached Seattle after spending fourteen years in the far North. On his way to Washington, D. C., to transact business with the government, Doctor LaRue proudly showed his mink parka, marten cap, and the fat gloves he uses when the temperature drops down to 70 or 75 below zero in the Yukon. His clientele, which includes 250 white persons and 5000 natives, frequently call for something unique in the way of dentistry, Doctor LaRue revealed. For instance, one man he treated had such an enormous mouth that he had to make an outsize denture for him using an extra size frame to cast it. Another patient insisted on having a cavity in an incisor studded with a rhinestone and flanked by a red stone on one side and a green one on the other.

Utica (New York) Observer-Dispatch: Antique dental tools are the hobby of F. K. Brown, Utica dentist. Among those he has collected he prizes highly a long-handled mallet, the type used shortly after the Civil War to pound in a gold restoration; a tooth extractor that looks much like a fancy cork screw, dating from

the days when dentists traveled from door to door like itinerant peddlers; an old-fashioned hand drill; and some hand instruments with ivory, mother of pearl, and ebony handles. Some of Doctor Brown's queer looking instruments were collected by his father-in-law, the late Doctor Samuel H. Jones, and the rest have come from varied sources.

Minneapolis (Minnesota) Tribune: Using only a mouth mirror for a weapon, Thorval A. Hanson, a dentist at 1527 East Lake Street, captured an office burglar, who has a long prison record, confessed robbing numerous Minneapolis and Saint Paul offices, and implicated an accomplice. It happened on a recent Friday when Andrew J. Oliver presented himself at Doctor Hanson's office and asked to have a tooth extracted. He made an appointment for Saturday and then returned to cancel it later. In the mean time Doctor Hanson, collaborating with Daniel Colburn and Gustav Svendson, both dentists at the same address, had deduced that Oliver was the man who had stolen a pocketbook from a patient in the office of Doctor Svendson on the previous Wednesday. When Oliver tried to cancel his Saturday appointment, Doctor Hanson acted quickly. He insisted on giving him an immediate examination. With Oliver in the dental chair, Doctor Hanson slipped out of the room and telephoned for detectives. As he left the dentist's chair two detectives were waiting for Oliver in the outer office.

Chicago (Illinois) Evening American: A party long enough to suit almost anyone is repeated every year by two Chicago dentists and their friends. It begins in Nebraska and ends in Chicago, where the sixteenth annual party was held recently at the Medical and Dental Arts Building. Seventy guests, dentists, physicians, lawyers, and business men attended. The origin of this party dates back to 1922. That year dentists H. A. Hooper, 55 East Washington Street, and R. I. Humphrey, 185 North Wabash Avenue, Chicago, decided to hunt in Nebraska with three of their friends. After the hunt, Doctor Humphrey said, "Let's take the game to Chicago, and I'll stage the dinner party." The offer was accepted. Every year since, the Chicago dentists have gone to Nebraska to hunt and their three friends have returned with them for the feast.

DEAR ORAL HYGIENE:

"I do not agree with anything you say, but I will fight to the death for your right to say it."—VOLTAIRE

President Ward Comments

I HAVE HAD a few minutes this morning to look at ORAL HYGIENE and my attention is attracted to page 30, on which you refer to the statements that were reported as having been made by Doctor Guy S. Millberry[1] at the American Public Health Association Meeting in Kansas City. I am writing just a word to say that this is probably as widely publicized a statement as any that has been made in connection with health service in recent years. In many places where I have been this year I have been asked about the statement with a view to learning whether the American Dental Association was in any way responsible for it.

This is not the first time that Doctor Millberry has been at variance in his thinking and talking with the best men that we have in dentistry, and I am glad to note that Doctor Irwin pointed out some of the weaknesses in the proposals of Doctor Millberry. If anything more should be said or done about this matter, I believe you would be doing American dentistry a real service to point out that the statements of Doctor Millberry in no way reflect the opinion of those who have built up American dentistry to the very top of this kind of service anywhere in the world.—MARCUS L. WARD, *President, American Dental Association, 1308 Cambridge Road, Ann Arbor, Michigan.*

[1]Propose More Dentists, Less Training, ORAL HYGIENE 29:30 (January) 1939.

Radio Amateurs

Recently I noticed, in a medical publication, a list of physicians who were radio amateurs (so-called "Hams"). I was surprised to learn that there were quite a number of the physicians on the air.

Do you think it might be nice to have a similar list of dentists who have amateur licenses published sometime in ORAL HYGIENE?

At any rate I should be happy to learn of any other dentists who are on the air. My call number is W9-JHB. I operate on 10, 80 and 160 meters.—C. G. SANNER, D.D.S., 315 *B & I Building, Dubuque, Iowa.*

Compulsory Dental Care

Throughout the United States there is compulsory school attendance for children under 15 or 16 years of age. The educational costs are paid for by funds raised by taxes. Is there any less reason for compulsory dental care for children, paid for when necessary by funds raised by taxes? —ALFRED T. KING, D.D.S., 4930 *West Thirteenth Street, Cicero, Illinois.*

Ask ORAL HYGIENE

Please communicate directly with the Department Editors, V. CLYDE SMEDLEY, D.D.S., and GEORGE R. WARNER, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply. Material of general interest will be published each month.

Abnormal Frenum

Q.—A case has been brought to my attention upon which I shall greatly appreciate your authoritative diagnosis.

The patient is a girl, 7, with both permanent upper centrals in place but still retaining the deciduous laterals. The frenum appears to be enlarging or thickening to the extent that the upper centrals are moved distally, thereby sacrificing normal contact. What would you advise?

Another frenum case: The upper mouth has become edentulous recently with the frenum attachment as low as the crest of the ridge. Will this condition materially affect either the stability or esthetics of an upper denture? If so, please outline briefly the correct surgical procedure in correcting this condition.—P. H. D., Idaho.

A.—The seven year old girl is about the right age for an operation on this abnormal frenum. Orthodontia bands should be fitted to the centrals at this time or sometime before the laterals are fully erupted. Enough tension should be put on the centrals with ligature wire or otherwise to draw them together sufficiently to bring some pressure on the enlarged frenum. The frenum should now be severed preferably with an electro-cautery, using care not to injure the periosteum with the cautery. The ligation should continue or be increased until the centrals are in normal contact. The bands should now be tacked together with a little solder and cemented to place to remain until the laterals or possibly both laterals and cuspids have fully erupted.

In cases similar to your second case it has been our practice to carve the frenum off the cast to a smooth thick rounded border into which the denture is molded and, at the time the denture is finished and inserted, the frenum is simply clipped with a sharp lance or pair of gum shears. Then the denture is inserted, with instructions that it must not be left out for any appreciable length of time until after this wound has thoroughly healed.

If such a frenum is not cut, in most cases, suction is more or less interfered with and the denture is definitely weakened thereby. They very seldom drop so low as to be a factor in esthetics.—V. CLYDE SMEDLEY

Avoiding Dry Sockets

Q.—I am soon to fall heir to a peculiar patient. He is about 55, and in good health, but has decided to have his teeth extracted. He has always gone to specialists to have his teeth extracted and in the past three years he has had four extractions and suf-

fered a dry socket in each case. None of these extractions was closer than six months apart.

He has a bad bite which I'm sure is responsible for some pyorrhea and recession of the gingival tissue in the anterior region, but he has never suffered any pain from this condition and his teeth are sound.

I would like to know if there is anything I could use that might prevent these dry sockets (I have twenty teeth to extract) and what I might use to pack them with if they do develop. This man does not live in town, and it would be hard for him to come in every day for a fresh dressing.—R. W. D., Louisiana.

A.—It is strange that the patient described in your letter should have had four dry sockets from four consecutive extractions. However, he may never have another one, especially if you use all precautions.

As a preventive measure, give a thorough prophylaxis a few days preceding extraction. During the time of extraction, keep mouth fluids from entering the socket, and immediately following extraction have patient close on a piece of sterile gauze for about five minutes. No mouth wash should be used for at least twelve hours and sucking or spitting should be avoided. Apply ice bag to side of face immediately for two hours or more. Prescribe mild cathartic to aid rapid elimination.

Treatment of wound following extraction: We suggest that the socket be thoroughly dried and closely inspected for loose particles of bone, tooth fragments, or retained granulomas. Remove any sharp edges of bone and reduce septal crests in selected cases. If buccal plate is fractured, watch for retained fragments or poorly supported bone that might slough later. If a pack is necessary, iodoform gauze is good. It should be changed every forty-eight to seventy-two hours. If a mucoperiosteal flap has been laid back it should be carefully sutured to original position.

Sinclair[1] recommends the use of dicalcium phosphate in the socket immediately after removing the tooth as a help in forming and holding the blood clot.

If the blood breaks down, we find a sedative cement pack the most effective means of relieving pain and promoting normal granulation.

We mix with the sedative cement a small amount of mineral oil and enough cotton to loosely fill the socket. This pack may be left in place from three to seven days when a new and small pack may be put in. The second pack usually suffices until complete healing and the socket is comfortable and would not retain a pack.—GEORGE R. WARNER.

Sued for $50,000

Q.—I am being sued for $50,000 by a patient who claims a root of a tooth entered her lung. The first roentgenogram taken of her chest showed the field clear. Two days later the head of the x-ray department in a local hospital introduced lipoidol before making the exposure. This was declared by the patient, as well as a physician, who examined the roentgenograms for her, to be a root of a tooth. The fact that subsequent pictures showed disintegration of this supposed root, my patient's physi-

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[1]Sinclair, J. A., and Barker, O. C.: The Influence of a Local Excess of Tri-Calcium Phosphate in Controlling Hemorrhage and Healing of Bone Following Injury, J. of Periodontology, Vol. 8, No. 1, (January) 1937.

cian says, is because the body juices have resorbed the root.

One of our best bronchoscope men, as well as other recognized physicians, agree with me that the root of a tooth cannot possibly be resorbed in the lung. The judge in the case still has his decision under advisement. In line with your expert knowledge and experience, I am requesting that you forward your opinion of this case to me as soon as possible.—C. M., Michigan.

A.—I cannot understand how a tooth root could be resorbed in the lung. The resorption of a tooth root when the tooth is in its periodontal membrane in the alveolar bone is brought about by the action of osteoclasts. To the best of my knowledge and belief there are no osteoclasts in the bronchi of the lungs. Moreover the resorption of tooth roots is an extremely slow process. It is stated that the resorption of the root of a replanted tooth requires, on the average, seven years. I have checked by roentgenograms the resorption of root ends of teeth under orthodontic treatment and have found, in one case of exceptionally rapid resorption, the loss of two millimeters in a year.

A tooth root cannot be destroyed by proteolytic action in the lungs because the necessary enzymes are not present in the lungs.

Tooth root ends left in alveolar bone remain unchanged for many years, if indeed they ever change.

Tooth roots in maxillary sinuses lie dormant and unchanged for years.

Tooth roots buried under the skin for research of root-filling technique either sloughed out or became encysted.

In my opinion a tooth root in a bronchus of the lung would become encysted and remain unchanged in form indefinitely.

All of the foregoing is a personal opinion based on general knowledge and experience.—GEORGE R. WARNER.

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Mother: "When he proposed to you was he on his knees?"

Daughter: "No, I was."

o

Divorce Judge: "How long have your relations been unpleasant?"

Woman: "Your honor, my relations have always been pleasant; it is his relations that are the old grouches."

o

"How much do I owe you for curing my deafness?"

"Ten dollars."

"Did you say twenty dollars?"

"No, thirty dollars."

o

The maidenly school teacher had been tempted into taking her first moonlight automobile ride, likewise she had just experienced her first kiss:

School Teacher (wailing): "Oh, what have I done? How will I ever face those dear little children with these two black marks against me?"

Young Man: "What do you mean, two black marks?"

School Teacher: "Well, aren't you going to kiss me again?"

Critic: "You have made your hero too hot headed, I'm afraid."

Budding Writer: "How do you mean?"

Critic: "Well, he has a lantern jaw to begin with. And so his whole face lit up! His cheeks flamed; he gave a burning glance, and then, blazing with wrath and boiling with rage, he administered a scorching rebuke."

o

Visitor: "You don't mean to tell me that you have lived in this out-of-the-way place for more than thirty years?"

Brushville Citizen: "I have."

Visitor: "But, really, I cannot see what you can find to keep you busy."

Brushville Citizen: "Neither can I—that's why I like it."

o

An American film actress was applying for a passport:

Clerk: "Married?"

Actress: "Occasionally."

o

Wifey: "John, there's a burglar at the silver and another in the pantry eating my pies. Get up and call for help."

Hubby (at window): "Police! Doctor!"

o

Local Young Man: "Do you believe in the hereafter?"

Sweet Young Thing: "Sure."

Young Man: "Well, give me a kiss, because that's what I'm here after."

o

Gerald: "Did you ever put your overcoat away in moth balls to keep the moths away?"

Harold: "No; I put it away with three gold balls to keep the wolf away."

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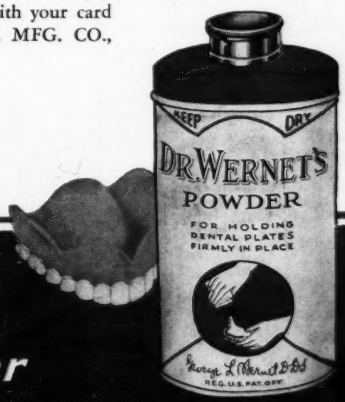

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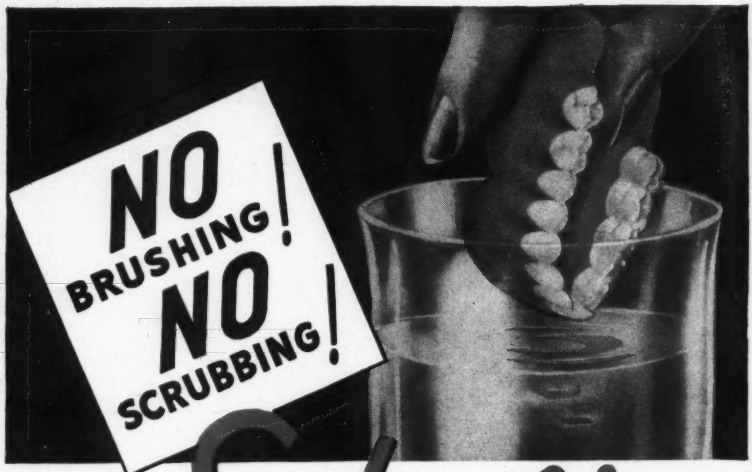

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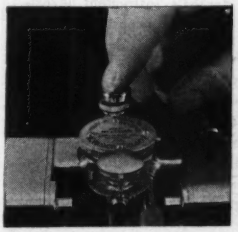

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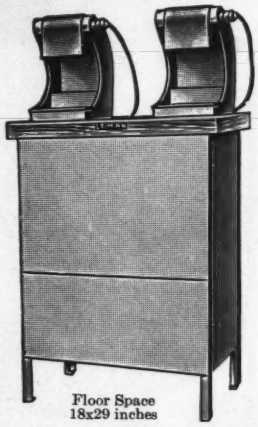

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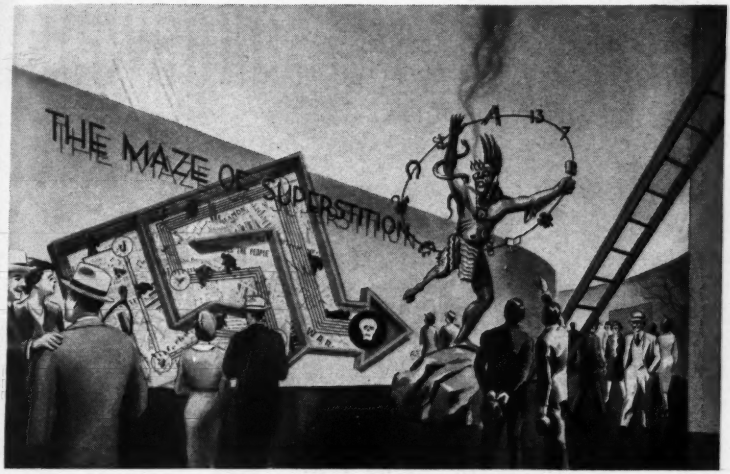

AN INVITATION TO THE DENTAL PROFESSION

When you come to the New York World's Fair you will no doubt spend a great deal of time in the Hall of Medicine and Public Health. One of the most interesting exhibits in this building is devoted to superstitions in medicine and is called the "Maze of Superstition."

The purpose of this exhibit is to show the public the danger of practicing unsound and discredited methods in the treatment of disease, methods that have been handed down from our ancestors and have survived because of ignorance.

This exhibit will be used as a means of pointing out to the public that practices such as these are not only dangerous to health but are unnecessary in view of the progress that has been made in scientific medicine as demonstrated in other exhibits in the building.

You are cordially invited to visit this exhibit. It is sponsored by THE BAYER COMPANY, INC., and is under the supervision of the following Committee:

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Dear Doctor

You will appreciate that in presenting Alka-Zane we confess to believing that you are better able to prescribe for the treatment of acidosis than is the fruit peddler.

You prescribe Alka-Zane for the practical reason that, when food is not enough, this palatable effervescent salt supplies the necessary sodium, potassium, calcium and magnesium for the replenishment and maintenance of the alkali reserve. These salts are present in Alka-Zane in their readily assimilable forms; as citrates, carbonates and phosphates. There are no lactates, tartrates or sulphates, and no sodium chloride.

If you would like us to send you a professional trial supply of Alka-Zane, please ask for it on your letterhead. We shall be glad to send it. Alka-Zane is supplied in bottles of 1½, 4 and 8 ounces.

ALKA-ZANE

A William R. Warner Product for ACIDOSIS

WILLIAM R. WARNER & COMPANY, Inc. • 113 W. 18th St., New York City

DISCOVERED

a New American Pumice Mine

THE most amazing discovery in pumice history! A long-hidden mine—right here in America—produces the finest quality pumice in the world!

Not only is the quality unbeatable, but it's actually more pure—a "snow white" pumice!

Here is a new, All-American product, mined, ground and manufactured in this country, that compares favorably in every way, price included, with the finest Italian pumice.

Send For a Generous Free Sample

First, place a little of the pumice you are now using in an envelope. Mail it to us with your name and address so that we can match your present grade exactly. Also send the name of your dealer so that this brand new product can be made available to you through your favorite dental supply depot.

FRENCH'S "Snow White" PUMICE

Mined and ground in the U. S. A.—Manufactured by

SAMUEL H. FRENCH & CO. PHILADELPHIA

REVELATION TOOTH POWDER

FIRST PLACE

From the tabulations in cities where surveys have been made, it is quite evident that Revelation Tooth Powder holds first place in professional acceptance. The reason is logical—it responds effectively to adequate brushing; harmlessly and pleasantly. Revelation leaves the mouth feeling clean and refreshed.

Meet with us at the Revelation Exhibit
Golden Gate International Exposition

KINDLY ENCLOSE PROFESSIONAL STATIONERY

ORP. (OH-3)
...uld Streets
..., Pa.

GENTLEMEN:

Please send me without obligation, a sample of Fleers Gum, a professional size prescription coupon book, and other information.

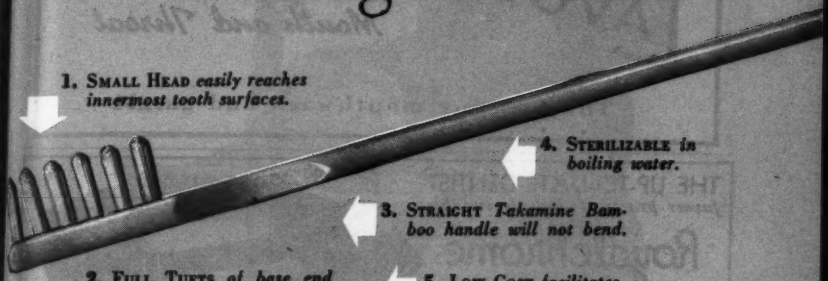
DR. _____

ADDRESS _____

CITY _____ STATE _____

FLEERS
Dubble Bubble
GUM

Every feature you want in a massage-brush...



1. SMALL HEAD *easily reaches innermost tooth surfaces.*

2. FULL TUFTS *of base end cut Chungking bristles, trimmed for interproximal massage brushing.*

3. STRAIGHT *Takamine Bamboo handle will not bend.*

4. STERILIZABLE *in boiling water.*

5. LOW COST *facilitates frequent renewal.*

—and 3 correct models to choose from...

These three professional models offer a complete choice for every prescribed massage-brushing technique. Each Takamine model is scientifically designed to the exacting requirements of leading periodontists. For example: The Three-row Interdental is designed to facilitate Dr. Hirschfield's technique; the Two-row Interdental type is used for the technique favored by Drs. Charters, Stillman-McCall. The Standard model is designed to the specifications of Dr. Joseph Head.

TAKAMINE

TAKAMINE CORPORATION
132 Front Street, New York City

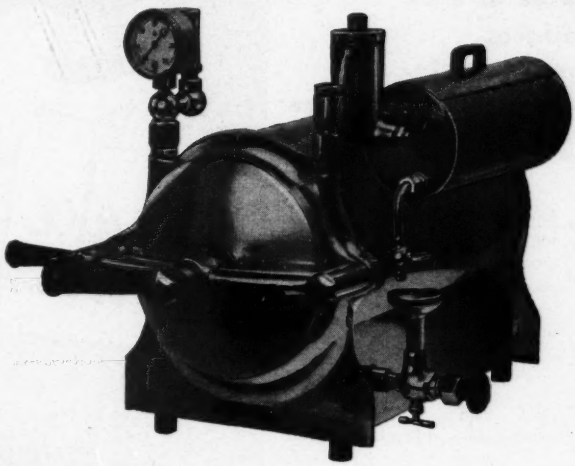
Enclosed remittance to cover my order for.....TAKAMINE Toothbrushes at professional prices as checked below:

....STANDARD at 7c each. ....3-Row Interdental at 9c each.
....2-Row Interdental at 10c each.

Name .....D.D.S.

Address .....

DENTISTS DEMANDED THIS NEW STERILIZER



NOW ENJOY REAL

HOSPITAL STERILIZATION

in your office for less than $200

PELTON DENTAL AUTOCLAVE

$135.00

(Higher on the Pacific Coast and in Canada)

KILLS all forms of pathogenic organisms with saturated steam at 250°—instruments keep their edge, color, brilliance—takes dressings, towels, aprons—fully automatic; absolutely safe in any hands—noiseless and fast. Special stands extra. Send today for full details of this sensational new sterilizer.

THE PELTON & CRANE CO.

DETROIT MICHIGAN

WIGGIN

announces a new product—

HARDITE

The new controlled dental stone comes from the Wiggin laboratories. Like all Clover Leaf products, it too, is backed by scientific research and produced under rigid control methods.

PROPERTIES

Color—Buff or White
Setting time—10½ min. initial, 12½ final
Setting Expansion—0.088%
Crushing Strength (dry)—7000 lbs. per square inch
Stacking—Excellent
Hardness—5 times that of plaster

- **HARDITE** is the answer to modern prosthetic demands for a better material than plaster of Paris for models and for investing the upper half of the flask. It protects the articulation and fit.

We invite your inspection—send for your free trial sample of HARDITE . . . the precision produced dental stone.

H. B. WIGGIN'S SONS CO.
Bloomfield, New Jersey

Please send me a free sample of Clover Leaf HARDITE, and data on other Clover Leaf Products.

Dr. .....
Address .....
City ..... State .....

SILV-O-DENT

If a pulp can be saved . . . Silvodent will save it. Silvodent is unlike any other Oxy-eugenol silver preparation. It is soothing to the dental pulp and may be placed in direct apposition with the vital pulp for complete sterilization and inhibition of caries. Silvodent positively perverts secondary decay.

SILV-O-DENT
O-3-39

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1708 N. E. Alberta
Portland, Oregon
You may send me a copy of your free booklet about Silvodent, Oxy-eugenol silver.

Dr. .....
Address .....
City ..... State .....

SEND COUPON FOR FREE TECHNIQUE BOOK

FOR OVER FIVE YEARS
WE HAVE PROVIDED

COLD LIGHT

with **BURTON'S**

SCIENTIFIC DIAGNOSTIC INSTRUMENTS

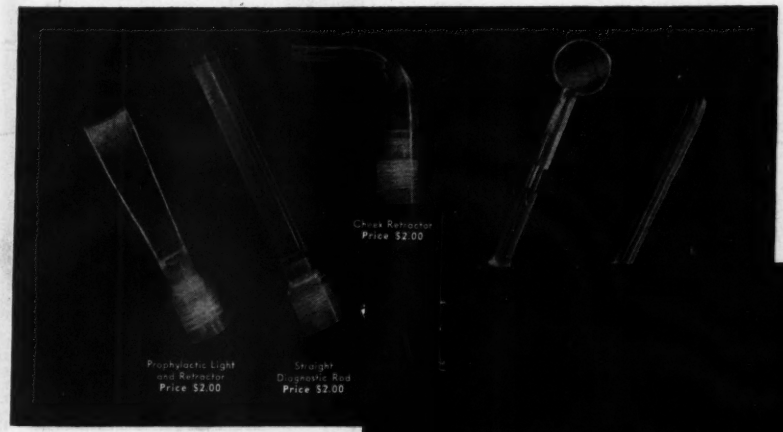
This is only one of the features of the most complete Dental Diagnostic Set of Instruments available. It provides many diagnostic, investigatory, operative and surgical procedures possible only with Burton Instruments.

LUCITE

ATTACHMENTS ARE AVAILABLE FOR THOSE WHO WANT THEM

See LIFE MAGAZINE, November 21, 1938 for dissertation on the thermoplastic material, LUCITE, made by E. I. Du Pont de Nemours & Co.

The Lucite pieces illustrated below are supplementary to our scientific diagnostic instruments but are not sterilizable by boiling as are all Burton Scientific Diagnostic Instruments. The Du Pont Company cautions: "We cannot recommend sterilization by heat on our present material in cast rod or tube form . . ."



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A SIMPLE, EFFECTIVE PROPHYLACTIC

CAMPHO-PHENIQUE Liquid

The gentle swabbing of gum tissue with this therapeutic agent before and after extensive dental manipulation provides a simple, reliable and satisfying prophylactic.

Dentists have reported favorable results with CAMPHO-PHENIQUE LIQUID in the prevention and treatment of irritated gum tissue, abrasions, mouth ulcers and gingivitis of nonspecific origin.

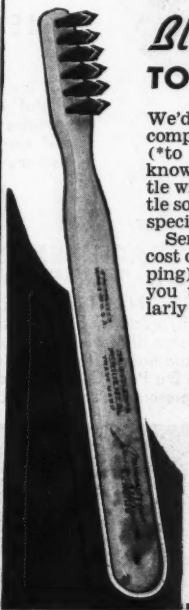
CAMPHO-PHENIQUE LIQUID is easy to apply, anesthetic, soothing and aids healing.

Send for Free Sample

Toughest and most resilient bristle known!

used only in the*

DR. BUTLER *Black Bristle* TOOTH BRUSH



We'd like to have you compare the exclusive (*to the best of our knowledge) Black Bristle with our regular bristle so we're making you a special offer:

Send 40c (covers only cost of packing and shipping) and we will send you two brushes (regularly 50c each).

We suggest you check a hard or extra black bristle and a hard or extra-hard unbleached. (No checks please. Stamps or coin only.)

MAIL COUPON TODAY!

JOHN O. BUTLER CO. OH 3-39

7359 Cottage Grove Avenue, Chicago, Ill.

I enclose 40c for two brushes: (Stamps or coin only—no checks)

- ☐ Hard Black
- ☐ Extra-hard Black
- ☐ Hard Unbleached
- ☐ Extra-hard Unbleached
- ☐ Med. Bleached
- ☐ Hard Bleached
- ☐ Extra Hard Bl'ch'd
- ☐ Junior (Child's)

Dr. _____

Address _____

City & State _____

FACTS you ought to know about Pepsodent containing IRIUM

No. 12

DIFFERENT

We say Pepsodent is different from all other dentifrices on the market because Pepsodent alone contains Irium, the newly-discovered cleansing agent which cleans more effectively.

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THE PEPSODENT CO.

VITALLIUM

PROSTHETICLINIC

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ctural fea-
tic obtura-
artial and

NG RESTORATIVE STUDY
ANT FOR REFERENCE

The Third Prostheticlinic spot-lights the structural units of a Vitallium obturator which not only restored the missing teeth, but also the form and function of the oral cavity.

Previous studies were devoted to Labial Bar Cases and Occlusal Reconstructions.

Members of the profession have acclaimed these studies as strikingly graphic visualizations of intricate restorations.

A copy of the treatise on Prosthetic Obturators will be sent on request.

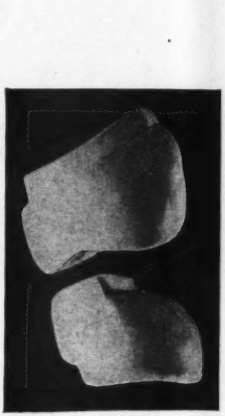
AUSTENAL LABORATORIES, INC.
34 W. 33rd Street New York
8932 Wentworth Avenue Chicago

Specify

"The best thing about Dr. French's Modified Posteriors is the ease with which a denture patient can cut up tough food. They are sharp where the old type of tooth just *bounces* when it runs into tough going." (name of doctor on request)

Continuing the inside story of how

DR. FRENCH'S MODIFIED POSTERIORS



conform to esthetics, give your patients maximum comfort and chewing efficiency and at the same time eliminate the factors which in intercusping teeth tend to break down tissues and ridges.

★ ★ ★

So far we have pointed out how the lingual cusp and wall have been trimmed off and the buccal cusp cut away to eliminate thrust, how we added a sharp buccal cutting edge and a masticating plateau on which there are food grips and escape grooves.

Now, we should like you to notice how the tooth tapers to the occlusal. This means that the patient is given fully 100% more chewing efficiency without increasing the stress on the supporting tissues and ridges. The reason is obvious. Naturally, a narrower occlusal area can drive through food much easier than the broad surfaces of intercusping teeth—just as a sharp edge of a knife can cut better than the flat edge.

Write for illustrated technic booklet telling the complete story. In the meantime, use Dr. French's Modified Posteriors on your next case, with

NUFORM ANTERIORS

and specify both with a **U.D.** *Shade Guide.*

UNIVERSAL DENTAL COMPANY

48th and Brown Streets • Philadelphia, Pa.

Comparative Effects of Alka-Seltzer and of Aspirin Taken After Meals on the Emptying Time of Stomach

CROSS-SECTION TABULATION OF EXPERIMENTAL RESULTS

SUBJECT	GRUEL MEAL	GRUEL MEAL PLUS FOUR ASPIRIN TABLETS	GRUEL MEAL PLUS FOUR ALKA-SELTZER TABLETS
	MINUTES	*MINUTES*	*MINUTES*
E.B.	90	90	60
V.B.	90	120	75
C.K.	75	120	75
E.P.	75	90	90
T.C.	105	150	90
M.C.	90	135	75
AVERAGE	88	118	78

AN EXTENSIVE series of laboratory and clinical experiments were conducted under controlled conditions to determine the value of Alka-Seltzer as an agent for the relief of minor ailments.

One phase of these experiments is depicted in the above cross-section tabulation.

A more detailed account of these interesting and informative studies is being prepared in the form of a comprehensive, illustrated booklet which will be distributed with our compliments to interested physicians.

The conclusions of the investigators in regard to the above phase of their studies are as follows:

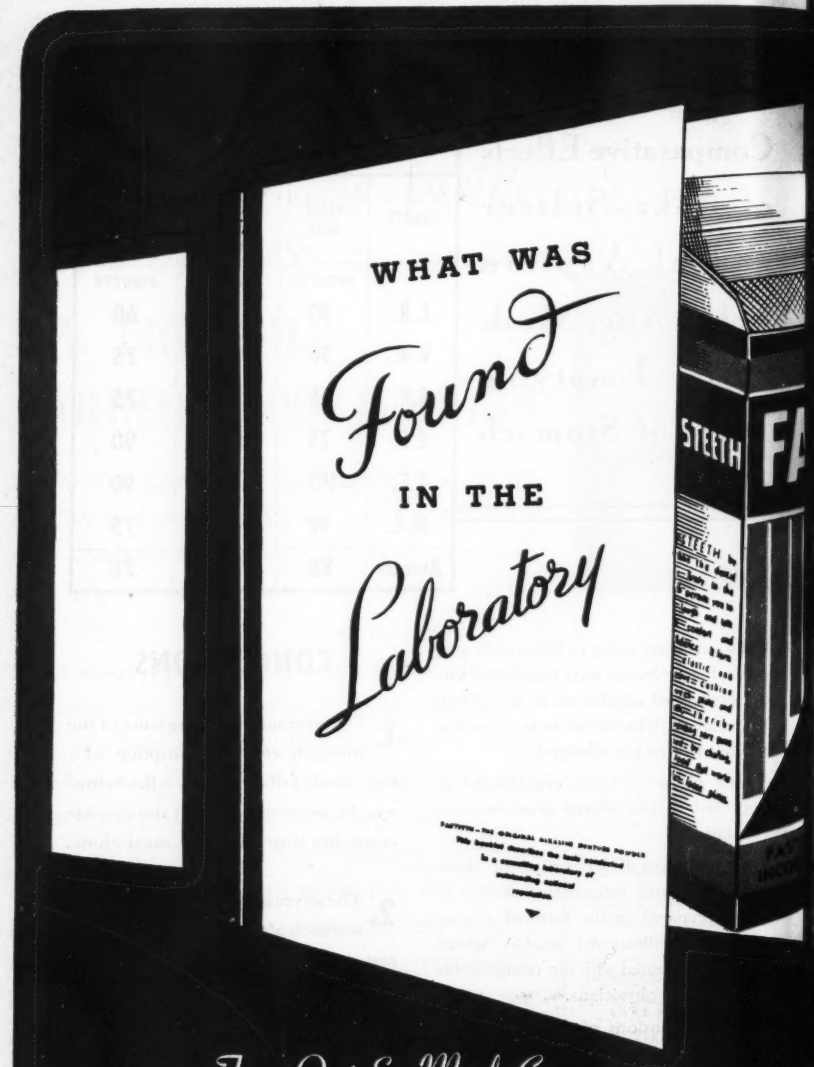
CONCLUSIONS

1. The average emptying time of the stomach after consumption of a test meal followed by Alka-Seltzer was 12 per cent less than the average emptying time after the meal alone.

2. The average emptying time of the stomach after consumption of the test meal followed by aspirin was 34 per cent greater than the average time for the meal alone, and 51 per cent greater than the average time for the meal followed by Alka-Seltzer.

MILES LABORATORIES, INC.

OFFICES AND LABORATORIES: ELKHART, INDIANA



Tear Out & Mail Coupon

FASTEETH, INC., Binghamton, N. Y. OH 3-39

Gentlemen:
Yes, please send me copy of "What Was Found in the Laboratory."

Name .....D.D.S.

Street .....

City .....**State**.....

Helps Tender Gums
Because It's ALKALINE!

Sore, tender gums present a real handicap to new denture patients. Nature never intended hard substances to rest *uncushioned* on soft tissues—and of course any tendency to acid irritation or inflammation aggravates the condition.

Because of its *mild* but *persistent alkalinity,* FASTEETH is of great service to Nature in the gum-healing process. And because FASTEETH is mildly alkaline, it is well *tolerated.*

Learn the *scientific* facts about the value of *alkalinity* in a denture powder. Send for FREE 8-page booklet, "WHAT WAS FOUND IN THE LABORATORY."

ALKALINITY!

what a difference it makes to the denture patient

Should Lightning Strike, Would You Be Protected?

A well-known dentist, in a recent article in an authoritative dental journal, said: "Unquestionably, the most important legal aspect of the dental roentgenogram is that it constitutes in itself invaluable malpractice insurance . . . Some may think there is little danger of malpractice suits for the dentist at large, but 'no one knows where lightning will strike.' During periods of unsettled economic conditions, such actions multiply . . ." It was further stated that: "The court may hold a dentist is negligent not only in not making roentgenograms, but also in not having x-ray apparatus readily available . . . Today, the courts are rendering verdicts against dentists for failure to own and use x-ray apparatus."

Here—another important reason for owning your own CDX. From its daily use both you and your patients will benefit. Patients appreciate a complete diagnosis. They agree readily to the need for added service when they see CDX-evidence; they can be sure nothing has been overlooked.

Flexible as your dental engine, it's easy-to-operate. A proved practice-builder, it's easy-to-own. And you can depend upon your CDX to produce routinely results of excellent diagnostic quality. Before investing in any x-ray unit, protect your investment! Do as thousands of your progressive, value-wise colleagues did: Get full facts about the CDX.

Take this easy step toward enjoying the added professional and financial benefits that owning your own CDX will bring. Sign and mail the coupon, today.

---WITHOUT OBLIGATION---

GENERAL ELECTRIC X-RAY CORPORATION

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Send me complete information about the CDX together with prices and data about your easy payment plan.

Name .....

Address .....

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PATIENTS . . . *will thank you!*

WHEN YOU MAKE SURE OF ALL THREE!

● PATIENTS ARE QUICK to notice, and appreciate, sparkling teeth and healthier gums—such as naturally follow proper brushing . . with products that are truly adapted for the purpose.

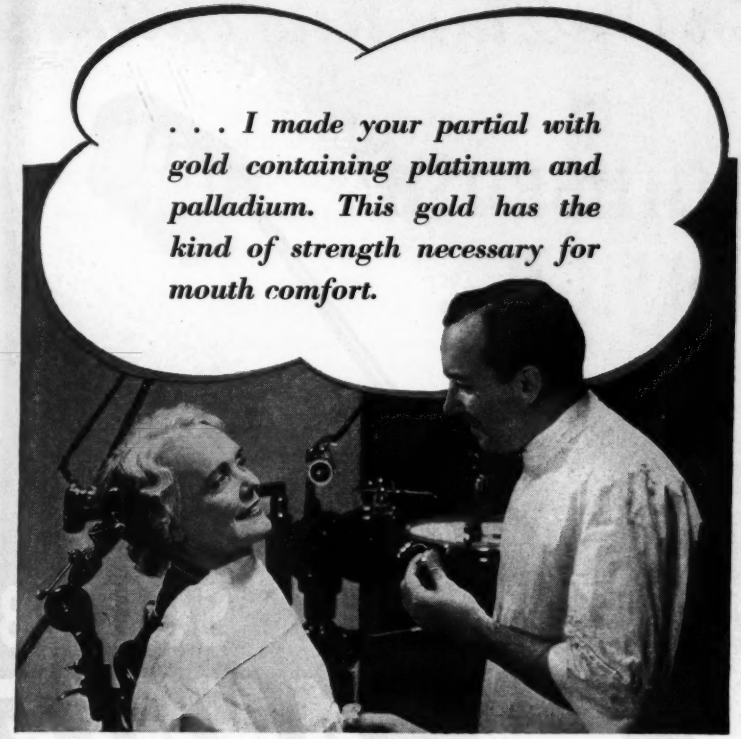
PYCOPÉ Tooth Powder is "Council-Accepted." Its CLEANSING ACTION is practically 100%. Containing no soap, no glycerin, its SOLUBILITY is equally high. The salt, of its salt-and-soda base, is sifted to eight times the ordinary fineness and is in complete solution within 30 seconds. It is also 100% SAFE. It has no sodium perborate, no grit, no dangerous drugs. And it WILL NOT MAT a toothbrush!

PYCOPÉ Brushes excel for interdental brushing. The small head reaches every part of the mouth. The straight brushing plane insures contact with every surface of every tooth. And the rigid handle and stiff bristles permit controlled action at all times.

Here, at last, are ethical products that fully perform as expected—*safely* and *thoroughly!*—PYCOPÉ, Inc., 2 High Street, Jersey City, N. J.

Pycopé
PY·KO·PAY

ETHICAL PRODUCTS WORTHY *of* YOUR PRESCRIPTION



PLATINUM-PALLADIUM-GOLDS have high *proportional limit* which is the *useful strength* in dental metals as it indicates the measure of *stress* a metal will withstand without becoming permanently bent. Combined with resiliency, this property permits an absorption of much of the stress of mastication in the *metallic parts* of the denture itself, rather than carrying it to the abutment teeth as is the case with more rigid alloys.

In cast platinum-palladium-gold alloys, heat treated, proportional limits up to 90,000 lbs. per sq. in. are obtainable and in the wrought alloys, heat treated, proportional limits up to 150,000 lbs. per sq. in. may be secured.

Both casting and wrought platinum-palladium-golds are available under many nationally known trade names . . . there is an alloy to meet strength requirements of every type of restoration.

"Platinum-Palladium-Gold in Dentistry"—a book on selecting, investing, melting, soldering and working of alloys for dental restorations — sent upon request to Dentists and Technicians without charge.

THE INTERNATIONAL NICKEL COMPANY, INC.
Platinum Metals Division — 67 Wall Street, New York, N. Y.

The
SQUIBB
ANGLE
TOOTHBRUSH

E·R·SQUIBB & SONS, NEW YORK

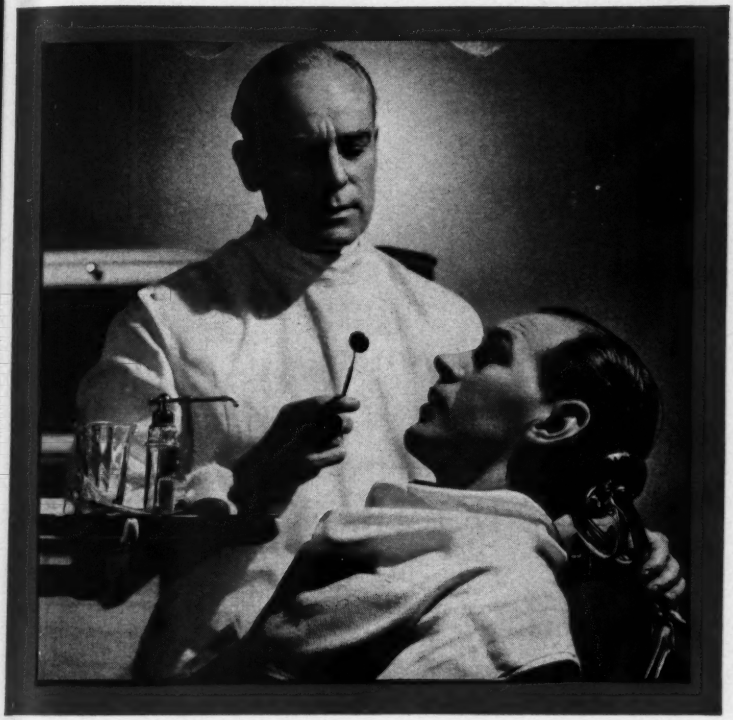
THE Squibb Angle Toothbrush is demonstrably a most adaptable, easily handled, efficient toothbrush. It achieves the multiple effectiveness of a number of individual-purpose brushes, for the bristles can reach all exposed surfaces of every tooth freely and easily.

Two angles of the Squibb Angle Toothbrush are responsible for its effectiveness. The "Mouth-Mirror" Angle serves to bring the brush into the correct position for cleaning the inner surfaces of the teeth from the incisors to the last molars. The "Jog" Angle makes it possible to bring the brush head down to the gum line while keeping the handle in practically horizontal position, thus facilitating cleaning the teeth.

The thin metal shank connecting the brush head with the handle is made of special rust-resisting alloy. The high quality, natural-tufted bristles are of a texture and resiliency that allow for necessary and safe massage of the gums. The size and shape of the brush are in accord with modern professional standards. Recommend the Squibb Angle Toothbrush. Its exceptional cleansing efficiency will please the users and assure greater cooperation from your patients.

e Remembered Tooth with the Squibb Angle Toothbrush

MANUFACTURING CHEMISTS TO THE MEDICAL AND DENTAL PROFESSIONS SINCE 1858



Calcium and Phosphorus in Ovaltine are particularly beneficial for children, expectant and nursing mothers and others who need an extra supply of these essentials for their teeth.

Why not suggest Ovaltine, therefore, to patients who inquire what foods they can eat to contribute to their dental welfare? Recommend it either as a between-meals drink or as a substitute for other mealtime beverages. Patients may obtain it at either grocery or drug stores.

. . . your Patients will thank you for the Suggestion

Full-Size Can FREE!

May we send you a full-size can of Ovaltine free? Just write us, at the address below, or use the coupon provided for your convenience.

NO CHANCE OF ESCAPE

From the pursuit of nascent oxygen there is no escape for bacteria . . . which explains the usefulness of Vince as an aid in the treatment and prevention of Vincent's and other infections of the mouth and throat. A teaspoonful of Vince in a half glass of water makes a pleasant mouthwash and gargle that releases its oxygen gradually. It cleanses and deodorizes.

Vince may be also used on the toothbrush as any dental powder, or it may be applied as a paste to affected surfaces. For the hygienic care of artificial dentures Vince is unexcelled. A trial supply gladly ...sk for it on your letterhead.

The oxygen-liberating antiseptic

Supplied in tins of 2, 5 and 16 ounces

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THE LATEST *development of the World's Oldest and Largest Manufacturers of Filling Golds exclusively.*

ENJOY A DISCOVERY!

● A new conception of the pleasure of working Gold Foil awaits you in "M-H" EXTRA PLIABLE Burnish Gold Cylinders, the latest development of the world's oldest and largest manufacturers of Filling Golds exclusively.

Responding instantly to the plugger, they enter undercuts readily, and stay put without "balling" or "buckling"—enabling you to work with greater speed and better results.

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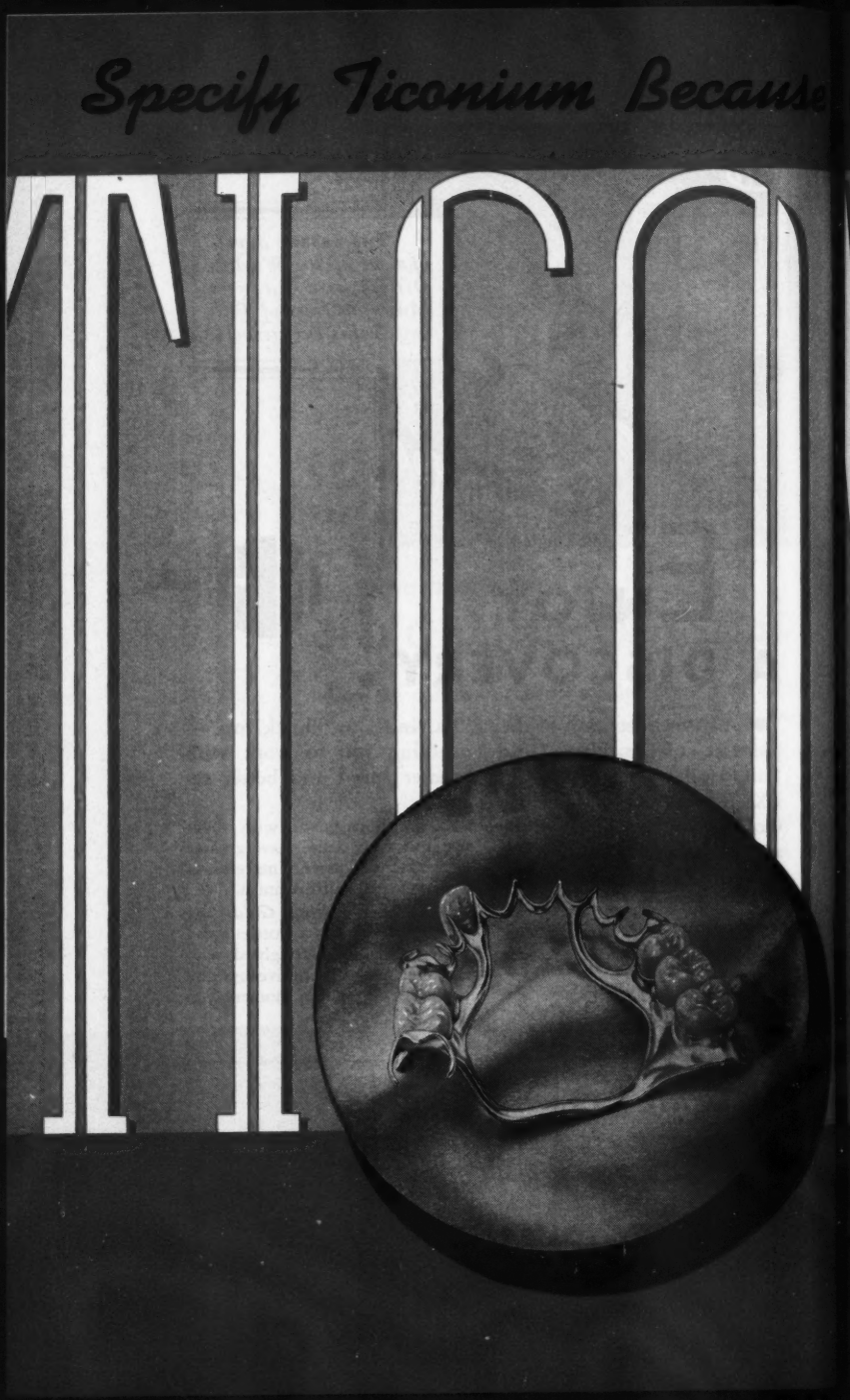
Please send, through my dealer, one 1/40-oz. bottle of "M-H" Extra Pliable Burnish Gold Cylinders to try.

Doctor.....

Address.....

Dealer.....


Specify Ticonium Because of
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of Its Evident Superiority

In Addition
Consider Its Precision Accuracy

Those who know TICONIUM and feel qualified to comment upon its superiority, speak unhesitatingly of its beauty, its lightness and its strength. Those who neglect to stress the precision accuracy of TICONIUM restorations really do the TICONIUM process an injustice. This is an advance not exceeded in importance by the wonderful alloy for which it was specifically developed. As a result of this process, TICONIUM restorations fit without adjustment; castings are uniform in quality.

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There is a Ticonium Laboratory near you

Our Part IN MAKING VITAMIN THERAPY DEPENDABLE

● Reliable vitamin products are essential to effective vitamin therapy. Thus, full potency is plainly the first concern of the responsible manufacturer. Recognizing this, Abbott employs every practical safeguard to insure meeting label claims fully and accurately.

Production methods for the different Abbott vitamin preparations —a group of products meeting most needs for supplementary vitamin intake—of course, are widely dissimilar. Typical, however, of the care with which Abbott vitamin products are made is that taken throughout the manufacture of Abbott's Haliver Oil with Viosterol.

From beginning to end, the production of this well-known preparation is under exacting Abbott supervision. The oils are extracted from halibut livers by a process developed by original research. Production methods, tempered by Abbott's long experience, are subject to constant laboratory control.

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Today, the name *Abbott* is written on countless prescriptions for vitamin products. Careful dentists realize this simple means offers a truly effective way to protect their patients from the chance of obtaining products of inferior quality.

Abbott Vitamin Products Include:

Haliver Oil Plain
Haliver Oil with Viosterol
Nicotinic Acid • Thiamin Chloride
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SPECIFY

ABBOTT VITAMIN PRODUCTS

Always True to Label Claims

ABBOTT LABORATORIES • NORTH CHICAGO, ILL.

FLEX JR.

LOWER TEETH
CHILDREN'S TEETH
ALL TEETH

CAN NOW BE KEPT DRY

Easier! Better! Economically!

Extremely difficult to keep lower teeth dry with absorbents, isn't it?

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Just use a single long piece of Flex Jr. as illustrated.

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214 S. 12th St., Philadelphia, Pa.

I would like to try Flex Jr. Please send me free samples.

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City .....State.....

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NO MORE need *you* face the danger of transmission of virulent bacteria from the mouth of one patient to that of another. The *proper use* of Stero-Oil provides a sterile handpiece for use on each patient. Thus the amazing progress of dental surgery is matched by a sterilization technique which demands the attention of every practitioner.

Your Dental Supply House can fill your order for Stero-Oil today.

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of comprehensive report, detailing scientific results of over 100 separate tests made in actual dental practice. Write Sterile Products Co., Inc., San Diego, Calif., or ask your Dental Supply House.

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STERILIZES LUBRICATES

You simply run handpiece in Stero-Oil bottle one minute, after use on each patient.

75c AT YOUR DEALERS

Processed to

ELIMINATE TROUBLESOME FILLING DEFECTS

GARHART ALLOYS

Garhart's Special processing of alloys has eliminated all the troublesome filling defects that constitute an annoying bugaboo of dental practice. All Garhart Alloys are prompt setting, although each possesses a different formula and speed of setting—all are controlled "grain-size." Each Garhart Alloy fits a needed requirement—and affords a more plastic, denser and finer texture. Easy to mix, easy to adapt, Garhart Alloys produce fillings with the least amount of mercury and the highest amount of silver and alloy. Try a Garhart Alloy soon, you'll approve its quality and economy.

H. S. G. W.

- **Garhart Alloys are guaranteed to produce pressure-tight, air-tight fillings when properly inserted.**
- **Eliminate pebble or pitted surfaces.**
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- **Use Garhart Alloys for perfect fillings—proven performance.**

ROYAL SUPER-FIRST

75% Silver guaranteed. The World's Highest Percentage Silver Alloy.

ROYAL THIRD

ALL THE ABOVE ALLOYS PRICED ALIKE

1 oz..	$1.80	5 oz..	$8.50
10 oz..	16.00	20 oz..	31.00

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Please send complete information on Garhart Alloys.
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Address .....
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KENDALL SQUARE CAMBRIDGE MASS.

Received with enthusiasm everywhere

THE *NEW* 20th CENTURY ALLOY DISPENSER

Here's how it works . . .

Delivers into your mortar, automatically measured with one stroke of the plunger, the correct amounts of 20th Century Regular Alloy and Caulk Mercury for each mix.

●

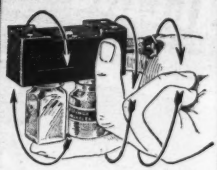
20th CENTURY DISPENSER PACKAGE

A $25.00 Value for

$19.90

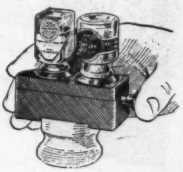
CONTENTS
2—5 oz. Bottles of 20th Century Regular Alloy.
2—¼ lb. Shaker Bottles of Caulk Mercury
1—Alloy-Mercury Dispenser.

(This Dispenser is available only in the 20th Century Dispenser Package)



1. Invert Dispenser to break vacuum in mercury bottle.

2. Tap alloy bottle to make filings fill measuring receptacle in plunger.



3. Press plunger to its full extent—hold for an instant—and release.

Repeat these 3 steps for each spill.

FOR MODERN MATERIALS • • CALL ON CAULK

ANNOUNCING-

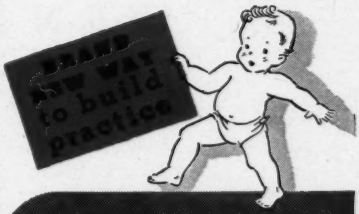
15% DISCOUNT

ON ALL MASEL PURE PLATINUM CROWNS

We are putting this discount into effect to acquaint many more dentists with the advantages of Masel Pure Platinum Crowns. They are almost indestructible under any conditions—are non-tarnishable in or out of the mouth, and unaffected by acids. Stronger than gold, these crowns have greater ductility, polish easily, can be soldered with any make or Karat solder or gold. Masel Pure Platinum Crowns are malleable to withstand contouring and will not tarnish or oxidize when heated. Send for size chart.

	FORMER PRICES		REDUCED PRICES
CROWNS B	$2.00	Less 15%	$1.70
CROWNS C	2.50		2.12
CROWNS D	3.00		2.55
CROWNS E	3.50		2.97
CROWNS F	4.00		3.40
CROWNS G	4.70		3.99

ORDER



STERASEPTIC COAGULENT *and* STERODENT CLEANSER

the 2 STEP TECHNIQUE

OPENS *New* FIELDS OF PATIENT TIE-IN

The successful use of Steraseptic Coagulent in the "2 STEP PROPHYLACTIC TECHNIQUE" has prompted thousands of dentists to use Steraseptic mouth cleanser throughout their practice.

- So many patients have inquired about Steraseptic mouth cleanser that many dentists now give two tablets (enough for a pint of solution) for patients' use between visits in progressive work, after operative cases and to aid healing.

- *This added attention to the patients' comfort and well-being is a sound practice-builder.*

For your convenience and economy, we have arranged the following special offer so that you may put this practical idea to work at a modest cost.

100 TABLETS $2

INCLUDES

Restricted to help and positions wanted, practices wanted, and for sale. Minimum charge, $2.

WANT ADS

10c per word, initials and figures each counting as a word, address also counting.

REAL ESTATE FOR SALE: 55 Clerk Street, Jersey City. Cozy corner, modern brick house, seven rooms, bath; sacrifice $4,250 (Cost $12,000). Good location for dentist. Splendid condition and buy! Dodd.

POSITION WANTED by all-round mechanic, seventeen years' experience, including stainless steel; very neat, hard worker. Gentile; single; references. "S" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Dental office, Central Illinois town of seventeen thousand. Established practice. Modern equipment in excellent condition. Ritter x-ray. Leaving dentistry. "R" Oral Hygiene, Pittsburgh, Pa.

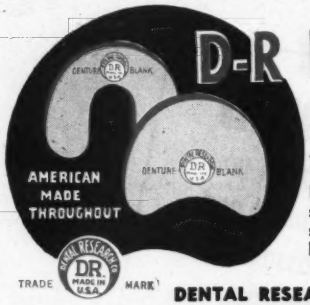
DENTAL TECHNICIAN: Gentile, conscientious and dependable, desires position with dentist. Metropolitan New York preferred. Expert in Rubber, Luxene, Gold work. References. "K" Oral Hygiene, Pittsburgh, Pa.

DENTIST WANTED: Registered in Ohio. Operating and laboratory experience. Must be A-1 workman, consider partnership opportunity. "V" Oral Hygiene, Pittsburgh, Pa.

Practices sold and furnished. Positions. Dentists and dental mechanics furnished. F. V. Kniest, 1537 S. 29th St., Omaha, Nebr.

FOR SALE: Well established dental practice with modern Ritter equipment. Located in Arizona college town. Retiring. "Y" Oral Hygiene, Pittsburgh, Pa.

SELLING YOUR PRACTICE. Why not use the classified columns of The Dental Students' Magazine: Circulation 11,000 includes all dental students in U. S. A. and Canada, together with 3200 recent graduates of 1937 and 1938 and many of whom are now looking for a location such as you have to offer. Rates $2.50 for 50 words or less, cash with order. Address Dental Students' Magazine, Palmolive Bldg., Chicago, Ill.



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Have ridden the "CREST" in nearly a million cases

• Special formula developed solely for Denture Bases . . . thoroughly cured . . . light weight . . . beautiful, natural color and translucency . . . smooth non-porous surface, impervious to oral secretions and easily cleaned . . . practically unbreakable and non-warping.

Literature and Technic Chart on request.

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REQUEST A SAMPLE AT OUR EXPENSE—

We believe that **PUSTOLENE**, with a 40 year record of being an effective root canal filling, deserves a thorough trial in your office. To this end we'll be glad to send you a 30-treatment sample without cost or obligation.

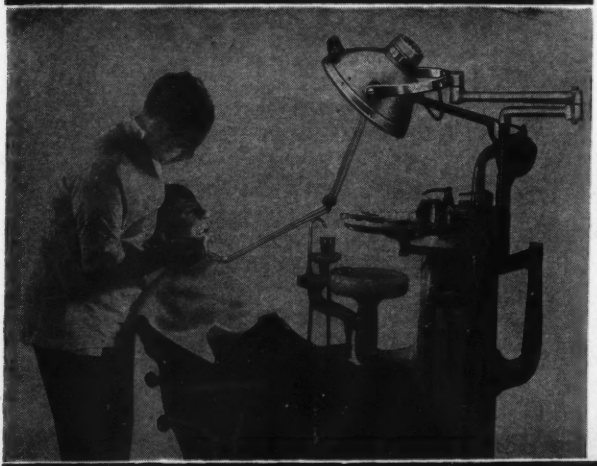
Incidentally, **PUSTOLENE'S** record as an abscess remedy and nerve capper is an enviable one. Find out for yourself why by sending your card now to J. A. SPRAGUE & Co., 325 19th Ave., Columbus, Ohio.

ANTIPHLOGISTINE

is indicated in dental congestions for the relief of pain, inflammation and swelling.

The Denver Chemical Mfg. Co., New York

APPROVED DENTAL LIGHTING



The EYES have it!

•

DENTISTS prefer the PROMETHEUS LIGHT because it reduces eyestrain, steps up efficiency

PRICE - $55.00

PROMETHEUS ELECTRIC CORP. 407 W. 13th ST., N.Y.C.

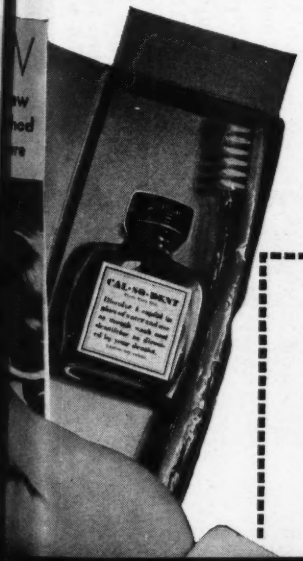
ABRASIVES HAVE NO PLACE IN GINGIVAL MASSAGE

ABRASION OF EPITHELIUM *is avoided as much as possible during massage. Objectives are the capillary loops below the surface —intermittent pressure empties them and permits inflow of nutrient blood.*

Merely to tell patients to massage their gums is not enough. They will use neither the correct method nor the right materials. They are apt to do themselves more harm than good.

7,500 dentists follow this procedure. First, they demonstrate an approved technique right in patient's mouth. Then they present to him the Calsodent Preparation and the Calsodent Brush used in the demonstration. In this way they are able to break the force of habit and insure home use of proper preparation and brush.

Preparation and Brush Ideal for Massage Brushing in Handy Kits



5 KITS FOR $1.00

Each kit contains a regular 50¢ Calsodent Brush and a 10¢ bottle of Calsodent . . . a 60¢ value for 20¢. The brush designed by periodontists; made with base-end-cut Chungking bristles that retain firmness longer when wet. A capful of Calsodent makes a glassful of solution. Used as a brush dip, the Calsodent Solution makes massage brushing pleasant; "cuts" thickened mucus; neutralizes acids.

THE CALSODENT COMPANY, 215 Fourth Avenue, New York City

Please send me: ☐ 5 Kits; ☐ 10 Kits; ☐ 20 Kits; ☐ 30 Kits—at your special price to dentists of 5 kits for $1.00. Each Kit is to contain a 50¢ Calsodent Brush and a 10¢ Bottle of Calsodent.

☐ Check enclosed ☐ Send C. O. D.

Name .....D.D.S.

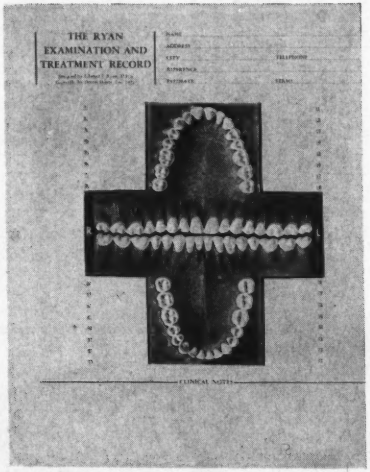
Address .....

City .....State.....

☐ Also send me FREE your manual for dentists on Massage Brushing. OH-3-39

Suggestions for the use of

The Ryan Examination and Treatment Record



1. The Ryan Examination and Treatment Record may be had in pads of fifty charts each. These pads fit conveniently in a standard 9½ by 11½ inch loose-leaf notebook which may be purchased at a five-and-ten cent or variety store

2. Alphabetical dividers may be made by using a ten cent package of plain white paper of the same size as the charts with holes punched at the same distances, and a fifteen cent box of alphabetical index tabs. The holes are reinforced.

3. It is a good plan to keep a blank sheet of paper between the charts to prevent possible smearing of crayon or pencil markings; but this is not essential.

4. A fresh pad of charts may be kept ready for use in back of the notebook of active records.

5. The various types of restorations and their location in a particular mouth are shown with the use of polychrome pencils—gray, for amalgam; deep yellow, for gold. White pencil does not show up very well; consequently, porcelain may be indicated with soft lead pencil outlines or cross-hatching

6. Spaces provided beside the quadrants with numbers corresponding to the teeth permit special notations concerning each tooth. As treatment progresses the blue markings indicating needed dentistry are erased, and the nature, location, and date of placement of each new restoration are recorded. Additional clinical notations are made if necessary in the space developed. To insure consistency, it is well to have a key page in the front of the notebook

TYPES OF PENCILS

Yellow	Mongol No. 867
Gray	Mongol No. 819
Red	Mongol No. 866
Blue	Mongol No. 865
Yellow	Castell No. 49

Castell by A. W. Faber.

SUGGESTED SYMBOLS

Each dentist may develop his own system

8. The exact record of conditions found in the average patient's mouth at

Red ..... Mongol No. 866
Blue ..... Mongol No. 865
Yellow ..... Castell No. 40
Castell by A. W. Faber.

SUGGESTED SYMBOLS

Each dentist may develop his own system of symbols but the following specific markings have been found simple and adequate:

Soft Lead Pencil—(a) Porcelain fillings are indicated by a pencil outline.

(b) Porcelain jacket crowns and bridges are shown by cross-hatching with lead pencil across the corresponding tooth or teeth on the chart.

(c) Missing teeth are blocked out with a soft lead pencil.

(d) Abrasions are represented with soft lead pencil.

Blue Pencil—(a) Cavities are indicated with blue pencil.

(b) Advisable restorations are demonstrated with blue pencil.

Red Pencil—(a) A red line is used to indicate the presence of a root canal filling.

(b) A red outline shows the presence and position of an impacted tooth.

(c) Red pencil is used to represent pulp involvement.

(d) A red "X" is made across a tooth to indicate that its extraction has been advised.

(e) Pyorrhea pockets are represented in red along the crest of the alveolar ridge (and a notation is made at the bottom of the chart if extensive gingivitis is present).

the nature, location, and date of placement of each new restoration are recorded. Additional clinical notations are made if necessary in the space developed. To insure consistency, it is well to have a key page in the front of the notebook

8. The exact record of conditions found in the average patient's mouth at the original examination can be completed in fifteen or twenty minutes, and the time it takes to keep a chart up to date is negligible.

9. When a chart is completed the necessary data (name, address, telephone, reference, estimate, and terms) are typewritten in the spaces provided at the top of the record. The date of the original examination is also recorded in order that the treatment dates (as shown in the quadrants at the sides of the chart) will be recognized as subsequent to the date of the original examination.

10. Provision is made on the back of the chart for bookkeeping records. This is merely for the convenience of dentists who wish to keep all records together, but may be ignored by dentists who have a satisfactory bookkeeping system which they need not and do not wish to discard. The Ryan Examination and Treatment Record may be employed as an additional or supplementary record to any established method of record-keeping dentists may have.

11. Although the Ryan Examination and Treatment Record was designed for the dentist's own convenience in his practice, the charts have been found to have a definite informative value in explaining conditions to patients. The charts are also particularly helpful in reporting dental conditions of patients to cooperating physicians.

Hu-Friedy's

ORAL SUN LIGHT

This Hu-Friedy light has been designed to give long service at little expense. It is very sturdily constructed, requires no servicing, uses a minimum of current.

The adjustable condensed-focus concentrates the low-candle-power light to brilliant intensity. Mechanical construction permits perfect ventilation to carry off generated heat.

Furnished with cushion-padded headband in either soft leather or stiff fibre, 10 feet of rubber covered wire cord vulcanized to a sturdy wall-plug, and transformer for alternating current or rheostat for direct current. The price is exceedingly low . . . $18.50.

Send the coupon for a ten-days' trial.

The Hu-Friedy Mfg. Company
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Name .....
Address .....
City ..... State .....
Dealer .....
Current ..... A.C. ..... D.C. .....
Headband ..... Leather ..... Fibre .....

PROCESSED BY CHEMISTRY FOR BETTER DENTISTRY

No other cement is just like it !

CERTICEM is an oxyphosphate of zinc cement indicated for use in the cementation of crowns, bridges, inlays, and orthodontic appliances as well as for cement fillings and cement bases or intermediates.

As its name implies, CERTICEM is certified to exceed all requirements of American Dental Association Specification No. 8 covering dental zinc cements, *but the story doesn't stop there.*

In processing CERTICEM powder, the life is not burned out of it by long subjection to high heat. Instead it is first modified chemically—a more intricate and expensive process—to reduce the time of fusion.

The result is a smoother, more velvety cement—a cement which handles better on the slab and has a greater adhesive adaptability for cementing appliances. In addition its low disintegration, low film thickness, and high compressive strength give a perfect balance of physical properties which is outstanding.

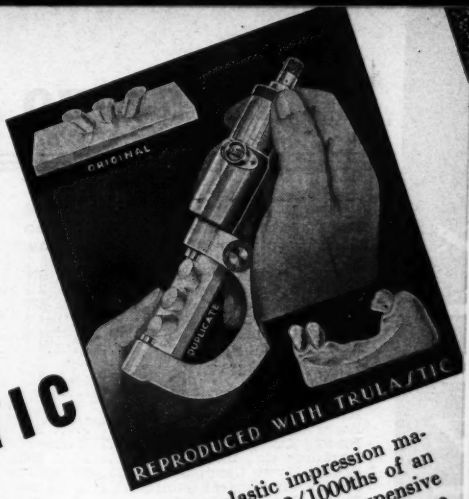
PROCESSED BY CHEMISTRY FOR BETTER DENTISTRY is more than a slogan for CERTICEM; it is a fact. Plus values found in no other cement have been added to CERTICEM in the laboratory.

CERTICEM is available in four new, more desirable shades: A-Light, B-Gray, C-Yellow, D-Golden. It sells at one dollar for a powder or a liquid and the economy 4/2 package costs only $5.00.

You can obtain CERTICEM through your regular dealer.

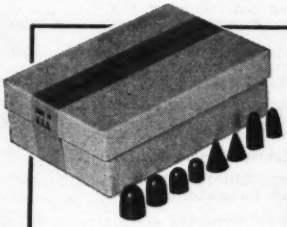
Lee S. Smith & Son Mfg. Co.
7325 Penn Avenue Pittsburgh, Pa.

IMPRESSION with TRULASTIC



No undercut is too severe for this unusually elastic impression material, and its reproductions are accurate to within 2/1000ths of an inch. There's no complicated technique to master . . . no expensive equipment to buy. The procedure is simple and impressions are completed within 3 to 5 minutes.

TRULASTIC has made possible a more accurate inlay technique tha saves much time and effort. Write for our bulletin on inlay techniqu



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TAGGART'S Green Inlay Wax was perfected by the man who introduced the inlay technique to the profession. And, Taggart's maintained its excellent reputation as inlay techniques advanced during the past 25 years. The wax may be softened without becoming flaky; it vaporizes completely without residue, leaving a clean, unmarred pattern in the investment. The real proof of Taggart superiority is the finished job. You will appreciate the accuracy and marginal fit . . . the *sure* results every time you use Taggart's.

SOLD AT ALL DENTAL DEPOTS

TAGGART'S INLAY WAX

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ADVERTISING INDEX

WHO'S WHO AND WHERE

Although we aim for accuracy in this index, last minute changes often alter page numbers and positions.

YOUR Popular Assistant

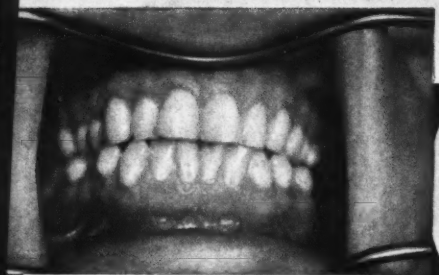
● *Popular* because of that invitingly spicy Dentyne flavor—make your patients a goodbye present of Dentyne and just watch their faces light up! It builds good will.

Your assistant because Dentyne aids your work and helps illustrate your advice on mouth health. Its extra firm consistency induces your patients to chew more vigorously—gives their teeth the hard, healthful exercise so lacking in this age of soft foods and careless mastication. It also massages the free margins of the gums, helping to correct sluggish circulation and improve the health of the tissues at this well known danger spot. Dentyne promotes oral hygiene too, by increasing the flow of cleansing saliva.

To obtain free Dentyne samples for your office, simply fill out and mail this coupon.

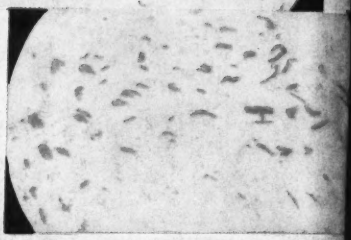
.....

FFECTS OF ADEQUATE GUM STIMULATION



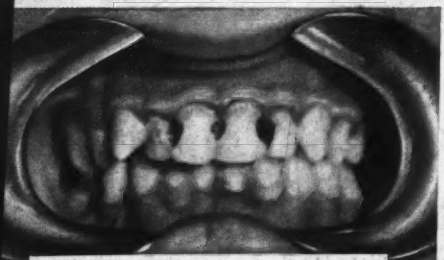
Well hornified gingival tissues and freedom from calculus deposition in male. "Chewy" diet and brushing used.

Normal capillary structure. Capillary loops normal in length and diameter. They tend to be evenly distributed.



Capillary structure far from normal. Blood s
Definite dilation of capillary loops and l
Distribution poor.

UNSATISFACTORY GUM STIMULATION



Extensive cavitation and poor gingival tone in male. Plenty of deposition of material on teeth. Soft diet, little brushing.

Science Photograp

TINY CAPILLARI

to show the importance

GUM STIMULATIO

Extensive photomicrographic and biopsy study by a well kn university dental clinic reveals that a "chewy" diet and m sage definitely help maintain teeth and gum health. Lac adequate stimulation may bring about stagnant capil circulation and the gingival conditions that this may ca

IPANA massage can stimulate capillary circulation to nutrition of teeth and gums. Removal of waste matter is fa tated by an increased diffusion rate between blood lymph. More resistant gums mean better teeth...IPANA br ing cleans and polishes teeth safely...Samples of IPANA new research literature on request.

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